12/03/2008 15:01

### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIWI 3X	For Other Than An Aut	thorized Committee	Offic	e Use Only
NAME OF     COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
Political Action Committee o	f the American Association of C	Orthopaedic Surgeons		
			<u> </u>	
ADDRESS (number and street)  Check if different	317 Massachusetts Avenu	e, NE		
than previously reported. (ACC)	Washington		DC L	20002
2. FEC IDENTIFICATION NUI	MBER ♥ CI	TY 🛕	STATE	ZIPCODE 🛕
C00343137		S THIS X NEW (N) OI	R AMENDI	ED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(0 July 15 Quarterly Report(0 October 15 Quarterly Report(0 January 31 Quarterly Report(1 July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report(TER)	Q1) (c) 12-Day PRE-Election Report for the:  Q3) (d) 30-Day Post -Election Report for the:	X General (30G)	Sep 20 (M	Year Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 1	0 16 2008	through 1	1 24 20	0 8
Type or Print Name of Treasurer	MCB L Dalah III MD	nowledge and belief it is true, corresponds to the	Date 12	03 2008
NOTE : Submission of false, erro	neous, or incomplete information	on may subject the person signing	<u> </u>	EC FORM 3X (Rev. 12/2004)

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons <sup>®</sup> D " D 2 4 1.0 16 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 932940.54 January 1 (b) Cash on Hand at 1101147.00 Begining of Reporting Period ..... 118415.36 1141329.34 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1219562.36 2074269.88 6(a) and 6(c) for Column B) ..... 946826.19 1801533.71 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 272736.17 272736.17 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

м м 1 0 1 6 м м 1 1 2<sup>D</sup>4 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1017115.72 103927.34 (i) Itemized (use Schedule A) .......... 9891.00 77595.68 (ii) Unitemized ..... (iii) TOTAL (add 113818.34 1094711.40 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 113818.34 1094711.40 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 2955.50 16913.11 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees ..... 17. Other Federal Receipts 1641.52 24704.83 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 118415.36 1141329.34

118415.36

1141329.34

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	2021.19	29228.71
Expenditures(c) Total Operating Expenditures	2021.19	29220.71
(add 21(a)(i), (a)(ii) and (b))	2021.19	29228.71
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	267000.00	1094500.00
Independent Expenditure (use Schedule E)	667805.00	667805.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	10000.00	10000.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	946826.19	1801533.71
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	0.10000.10	1001500 71
from Line 31)	946826.19	1801533.71

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. I	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ntributions (other than loans)	113818.34	1094711.40
	etribution Refunds	0.00	0.00
	ibutions (other than loans) Line 34 from Line 33)	113818.34	1094711.40
	eral Operating Expenditures 21(a)(i) and Line 21(b))	2021.19	29228.71
	Operating Expenditures e 15, page 3)	2955.50	16913.11
•	ating Expenditures Line 37 from Line 36)	-934.31	12315.60

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 122 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			10 16 2008
	City	State	Zip Code	Transaction ID: 28777743
	Rosemont	<u>IL</u>	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		934.31
	Name of Employer	Occupation	n	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 14891.92	Refund from affiliated or- ganization for bank fees
В.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons			Date of Receipt
	Mailing Address 6300 N River Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28912094
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2021.19
	Name of Employer	Occupation	n	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 16913.11	Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)	<u> </u>	2955.50
TOTAL This Period (last page this line number only)	<b>•</b>	2955.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 122 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to	
	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. K Nicholas Pandelidis, , MD		Date of Receipt
Mailing Address 1855 Powder Mill Ro City	State Zip Code	1 0 1 7 2 0 0 8 Transaction ID: 28779973
York	PA 17402-4723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Julie Ann Long, , MD		Date of Receipt
Mailing Address 700 Forest Ave		10 17 2008
City	State Zip Code	Transaction ID: 28779974
Orono	ME 04473-3002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Down East Orthopaedic Ass- ociates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Alan Pechacek, , MD		Date of Receipt
Mailing Address 616 W Forest Ave		M M / D D / Y Y Y Y Y Y 1 D D / 2008
City Jackson	State Zip Code TN 38301-3902	Transaction ID: 28779977  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Jackson Clinic, P.A.	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	,	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Thomas Huberty, , MD			Date of Receipt
Mailing Address 2111 Ogden Ave			10 17 2008
City	State	Zip Code	Transaction ID: 28779979
<u>Aurora</u>	<u> </u>	60504-7597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Castle Orthopaedics	Occupatio		
Receipt For:	<del>, '</del>	edic Surgeon	_
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Dr. Thomas A Marberry, , MD	1		Date of Receipt
Mailing Address 4802 S 109th East Ave	9		M M / D D / Y Y Y Y Y Y Y 1 1 0 1 7 2 0 0 8
City	State	Zip Code	Transaction ID: 28779980
Tulsa	OK	74146-5822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Tulsa Bone & Joint Associ- ates	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, , MD	1		Date of Receipt
Mailing Address 1771 Post Rd E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28779982
Westport	CT	06880-5606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 1	
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons	
	Full Name (Last, First, Middle Initial) Dr. Rosemarie M Morwessel, , MD			Date of Receipt	
	Mailing Address Azalea Ortho & Sport 2860B Dauphin St	s Med		10 17 2008	
	City	State	Zip Code	Transaction ID: 28779984	
	Mobile	AL	36606-2415	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Azalea Orthopaedics & Spo-	Occupation			
	rts Medicine Receipt For:	<del>- '</del>	edic Surgeon	_	
	Primary General	Aggregate	e Year-to-Date ▼	7	
	Other (specify)		1000.00		
	Full Name (Last, First, Middle Initial) Peter Tomasello, , DO			Date of Receipt	
	Mailing Address 1724 E Hallandale Be	each Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 28779985	
	Hallandale Beach	FL	33009-4611	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation	n edic Surgeon		
	Receipt For:		e Year-to-Date		
	Primary General	1 33. 33		7	
	Other (specify)		500.00	1	
	Full Name (Last, First, Middle Initial) Dr. Lloyd E Witham, , MD	-		Date of Receipt	
	Mailing Address 1107 Ironwood Dr			10 17 2008	
	City	State	Zip Code	Transaction ID: 28779986	
	Coeur D Alene	ID	83814-2604	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		350.00		
				850.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 122 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Joseph W Clark, , MD			Date of Receipt
Mailing Address The Orthopaedic Cente 927 Franklin St SE Ste			10 17 2008
City	State	Zip Code	Transaction ID: 28779987
<u>Huntsville</u>	AL	35801-4305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio		1
Receipt For:	<u> </u>	edic Surgeon e Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate	2000.00	
Full Name (Last, First, Middle Initial) Dr. James J Hamilton, , MD			Date of Receipt
Mailing Address 8736 Cherokee Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28779988
<u>Leawood</u>	KS	66206-1104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University Physician Asso- ciates	Occupatio Orthopae	n edic Surgeon	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Richard H Rothman, , MD			Date of Receipt
Mailing Address Dept of Ortho Surg 925 Chestnut St 5th Fl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28779989
<u>Philadelphia</u>	PA	19107-4206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate so for each category Detailed Summ	ory of the
NAME OF COMMITTEE (In Full	eports and Statements may not be sold or us an using the name and address of any polition of the American Association of Orthop	ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
Full Name (Last, First, Middle Ini Dr. Steven I Grindel, , MD Mailing Address Medical Col Dept of Orth	ege of Wisconsin	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28779990
Milwaukee	WI 53226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Medical College of Wiscon- sin	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	875.00
Full Name (Last, First, Middle Ini Dr. Mark Reid Merrell, , MD Mailing Address 821 Swift B	<u> </u>	Date of Receipt
C'h.	Charles 7th Condo	10 17 2008
City Richland	State Zip Code WA 99352-3513	Transaction ID: 28780208  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Ini Dr. Gregory P Duff, , MD	ial)	Date of Receipt
Mailing Address 4409 NW A	nderson Hill Rd	10 17 2008
City Silverdale	State Zip Code WA 98383-6807	Transaction ID: 28780210  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer West Sound Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	750.00
CURTOTAL (CReside This Res	(optional)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12 / 122   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Kurt W Rathjen, , MD			Date of Receipt
Mailing Address 411 N Washington	Ste 7500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas	State TX	Zip Code 75246-1737	Transaction ID: 28780213  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70240 1707	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher John Lang, , MD			Date of Receipt
Mailing Address 1215 W Chaucer			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State WA	Zip Code	Transaction ID: 28780214
Spokane FEC ID number of contributing federal political committee.	C	99208-8675	Amount of Each Receipt this Period  500.00
Name of Employer Spokane Orthopedics	Occupation	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James R Dyreby, , MD			Date of Receipt
Mailing Address Northland Orthopa 444 E Timber Dr	edic Assoc, S C		M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 1 1 7 2 0 0 8
City Rhinelander	State WI	Zip Code 54501-2852	Transaction ID: 28780218  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0-100   200E	500.00
Name of Employer Northland Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1500.00	
	al)		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 122 (check only one)    X
A oi	ny information copied from such Reports and Stror commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD			Date of Receipt
	Mailing Address 410 Saybrook Rd Ste	100		10 17 2008
	City	State	Zip Code	Transaction ID: 28780219
	Middletown	CT	06457-4780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MOS, PC	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Harlan C Amstutz, , MD			Date of Receipt
	Mailing Address 2200 W Third St Ste 4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 28780221
	Los Angeles	CA	90057-1937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. John F Irving, , MD			Date of Receipt
	Mailing Address 199 Whitney Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28780222
	New Haven	СТ	06511-3786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Orthopaedic Group	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1500.00	
Ę	SUBTOTAL of Receipts This Page (optional)	1		1750.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information c or for commercial	opied from such Reports and St purposes, other than using the	atements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	MMITTEE (In Full) ion Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ns
Full Name (La.  A. Dr. Kenneth Or	st, First, Middle Initial) tega, , DO			Date of Receipt
Mailing Addres	Mohawk Valley Orthop 1903 Sunset Ave	aedics		10 17 2008
City		State	Zip Code	Transaction ID: 28780223
<u>Utica</u>		NY	13502-5617	Amount of Each Receipt this Period
FEC ID numbe federal politica	er of contributing I committee.	C		125.00
Name of Empl Mohawk Valle	oyer y Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary Other (s	General pecify) ▼	_ <del>-</del>	e Year-to-Date ▼ 250.00	
Full Name (La B. Dr. Darin T Lee	st, First, Middle Initial) htun, , MD			Date of Receipt
Mailing Addres	Portage Health 500 Campus Dr			10 17 2008
City		State	Zip Code	Transaction ID: 28780224
<u>Hancock</u>		MI	49930-1569	Amount of Each Receipt this Period
FEC ID numbe federal politica	er of contributing I committee.	C		250.00
Name of Empl Portage Health	oyer 1	Occupation Orthopae	n edic Surgeon	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	☐ General pecify) ▼	0 0	500.00	
Full Name (La C. Dr. Karl E Rath	st, First, Middle Initial) jen, , MD			Date of Receipt
Mailing Addres	Texas Scottish Rite Ho Dept of Orthpaedics	sp		10 17 2008
City Dallas	,	State TX	Zip Code 75219-3993	Transaction ID: 28780225  Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		1000.00
Name of Empl Texas Scottisl tal	oyer n Rite Hospi-	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary	General pecify) ▼		e Year-to-Date ▼ 2000.00	
SUBTOTAL of F	Receipts This Page (optional)		<b></b>	1375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 122 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Political Action Committee of the Art	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James B Manning, , MD Mailing Address 701 S Tonopah Dr			Date of Receipt  1 0 1 7 2 0 0 8
City <u>Las Vegas</u> FEC ID number of contributing	State NV	Zip Code 89106-4030	Transaction ID: 28780227  Amount of Each Receipt this Period
Name of Employer Self Employed	<del></del>	edic Surgeon	200.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Peter J Nowotarski, , MD  Mailing Address University Orthopae 979 E 3rd St Ste C2			Date of Receipt  10 17 2008
City	State	Zip Code	Transaction ID: 28781758
Chattanooga  FEC ID number of contributing federal political committee.	C	37403-3314	Amount of Each Receipt this Period 500.00
Name of Employer University Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Harry S Smith, , MD			Date of Receipt
Mailing Address 550 Club Ln			10 17 2008
City	State	Zip Code	Transaction ID: 28781759
Conway	AR	72034-3681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Conway Orthopaedic & Sports Med Receipt For:		edic Surgeons	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	\		950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 122 (check only one)  X 11a 11b 11c 12
[	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ıerican Associ	ation of Orthopaedic Surgeo	ons
۷.	Full Name (Last, First, Middle Initial) Dr. Jeffrey V Dermksian, , MD			Date of Receipt
	Mailing Address 36 W 60th St			10 17 2008
	City	State	Zip Code	Transaction ID: 28781762
	New York	NY	10023-7903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Riverside Orthopaedics &	Occupation	n edic Surgeon	
	Sports Med	<del>- '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13 111	500.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Christopher O'Grady, , MD			Date of Receipt
•	Mailing Address One Shoreline PI			10 17 2008
	City	State	Zip Code	Transaction ID: 28781765
	Gulf Breeze	FL	32561-4552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ :.	Full Name (Last, First, Middle Initial) Dr. Harry N Herkowitz, , MD			Date of Receipt
	Mailing Address Medical Office Bldg 3535 W 13 Mile Rd S	Ste 744		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28781766
	Royal Oak	MI	48073-6770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00
F	2.2.1 2.2.192 (21.20.100)			_

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Javad Parvizi, , MD		Date of Receipt
Mailing Address Rothman Institute 925 Chestnut St	e at Thomas Jeffer - 5th Fl	10 17 2008
City	State Zip Code	Transaction ID: 28781767
Philadelphia	PA 19107-4206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Rothman Institute	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. John David Ramsay, , MD	I	Date of Receipt
Mailing Address 400 22nd Ave		10 17 2008
City	State Zip Code	Transaction ID: 28784383
Brookings	SD 57006-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Paul Vessa, , MD		Date of Receipt
Mailing Address 1081 Route 22 W	Vest	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28784384
Bridgewater	NJ 08807-2921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Somerset Ortho Assoc	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optic	onal)	3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the Am	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Curtis Merle Steyers, Jr, MD		Date of Receipt
Mailing Address Steindler Orthopedic 2751 Northgate Dr		10 17 2008
City	State Zip Code	Transaction ID: 28784385
lowa City  FEC ID number of contributing	IA 52245-9509	Amount of Each Receipt this Period
federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Fernando Rojas, , MD		Date of Receipt
Mailing Address Terralinda 25 Sevilla St		10 17 2008
City	State Zip Code	Transaction ID: 28784396
Caguas	PR 00725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Steven O Smith, , MD		Date of Receipt
Mailing Address PO Box 11230		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28784397
Fort Smith	AR 72917-1230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer River Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2400.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 122 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Armen Khachatryan, , MD			Date of Receipt
Mailing Address 12027 Cortina Cres	st Dr State	Zip Code	1 0 1 7 2 0 0 8 Transaction ID: 28784399
Draper	UT	84020-6106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01020 0100	500.00
Name of Employer lasis Health Care	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael M Albrecht, , MD Mailing Address Austin Surgical Ho	en Blda		Date of Receipt
3003 Bee Cave Rd			10 17 2008
City	State	Zip Code	Transaction ID: 28785080
Austin	TX	78746-5550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Southwest Ortho Group	<del></del>	edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Douglas K Ross, , MD			Date of Receipt
Mailing Address Dept of Orthopaedi Attn: Jackie Krishe			10 17 7 2008
City	State	Zip Code	Transaction ID: 28785093
Orange	CA	92868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UCI	<del></del>	edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)		500.00	
SUBTOTAL of Receipts This Page (options			1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personsing the name and address of any political committee to the American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Peter W Gilmer, , MD Mailing Address 3211 Moore's M  City Rougemont  FEC ID number of contributing federal political committee.  Name of Employer Triangle Orthopaedics  Receipt For: Primary General Other (specify)	State Zip Code NC 27572-7539  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert A Gurtler, , MD Mailing Address 2192 Wagon Tr  City White Heath  FEC ID number of contributing federal political committee.  Name of Employer Carle Clinic Assoc  Receipt For: Primary General	State Zip Code IL 61884-9314  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Lew C Schon, , MD  Mailing Address The Union Mem 3333 N Calvert  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Union Memorial Hospital  Receipt For: Primary General	norial Hospital	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  SUBTOTAL of Receipts This Page (op	tional)	500.00

Any information copied from such Reports and Statements may not be cold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Political Action Committee of the American Association of Orthopaedic Surgeons  Full Name (Last, First, Middle Initial)  Dr. Bein A Purdy., MD  Mailing Address 1001 E Griswold Rd Unit 5  City  State Zip Code Phoenix  AZ 85920-3776  FEC ID number of contributing federal political committee.  C 1000-000  Full Name (Last, First, Middle Initial)  Dr. Herbert Hermele, MD  Malling Address Orthopaedic Specialty Group.PC  To Respit For:  Primary  General  Other (specify) ▼ 3500.00   Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819865  Anount of Each Receipt this Period  Date of Receipt  Transaction	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 122 (check only one)    X
Dite of Receipt  Mailing Address 1001 E Griswold Rd Unit 5  City State Zip Code Phoenix AZ 85020-3776  FEC ID number of contributing federal political committee.  C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	solicit contributions from such committee.
Transaction ID: 28819864  AZ 85020-3776  FEC ID number of contributing federal political committee.  Name of Employer The Orthopadic Clinic Association Receipt Hermele., MD  Mailing Address Orthopaedic Specialty Group,PC 75 Kings Hwy Cutoff  CIty State Zip Code FEC ID number of contributing federal political committee.  Name of Employer Occupation Orthopaedics Surgeon Othopaedic Surgeon Othopaedic Specialty Group,PC 75 Kings Hwy Cutoff  CIty State Zip Code FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼ 375.00  Date of Receipt  Mailing Address Orthopaedic Specialty Group,PC 75 Kings Hwy Cutoff  CIty State Zip Code Primary General Other (specify) ▼ 375.00  Full Name (Last, First, Middle Initial) Dr. Steven R Gartin, MD  Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St Ste 121  City State Zip Code San Diego CA 92103-1913  FEII Name (Last, First, Middle Initial) Dr. Steven R Gartin, MD  Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St Ste 121  City State Zip Code San Diego CA 92103-1913  FEC ID number of contributing federal political committee.  C 1000-00  Date of Receipt  M M 1 2 1 2 0 0 8  Transaction ID: 28819866  Amount of Each Receipt this Period  Date of Receipt  M M 1 2 1 2 0 0 8  Transaction ID: 28819866  Amount of Each Receipt this Period  Date of Receipt  M M 1 2 1 2 0 0 8  Transaction ID: 28819866  Amount of Each Receipt this Period  C 250.00	Dr. Beth A Purdy, , MD	nit 5		M M / D D / Y Y Y Y
Name of Employer The Orthopaedic Clinic Association Receipt For:	Phoenix	AZ	•	Transaction ID: 28819864  Amount of Each Receipt this Period
Dr. Herbert I Hermele, MD  Mailing Address Orthopaedic Specialty Group, PC 75 Kings Hwy Cutoff  City State Zip Code Fairfield CT 06824-5340  FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Specialty Group, PC Primary General Other (specify) ▼	Name of Employer The Orthopedic Clinic Association Receipt For: Primary General	Occupatio Orthopae	edic Surgeon e Year-to-Date ▼	1000.00
FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Specialty Group. Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, , MD  Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St Ste 121  City State Zip Code CA 92103-1913  FEC ID number of contributing federal political committee.  Name of Employer UCSD  Name of Employer UCSD  Name of Employer Occupation Orthopaedic Surgeon  Receipt For:  Aggregate Year-to-Date ▼  125.00  Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Dr. Herbert i Hermele, , MD  Mailing Address Orthopaedic Specialty 75 Kings Hwy Cutoff  City	State	•	Transaction ID: 28819865
Dr. Steven R Garfin, , MD  Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St Ste 121  City State Zip Code San Diego CA 92103-1913  FEC ID number of contributing federal political committee.  Name of Employer UCSD  Receipt For: Primary General  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Specialty Group Receipt For:  Primary General	Occupatio Orthopae	n edic Surgeon e Year-to-Date ▼	
Federal political committee.  Name of Employer UCSD  Occupation Orthopaedic Surgeon  Receipt For:  Primary  General  Aggregate Year-to-Date  1000.00	Dr. Steven R Garfin, , MD  Mailing Address UCSD Dept of Orthopa 350 Dickinson St Ste 1  City	21 State	·	Transaction ID: 28819866
Primary General	Name of Employer	Occupatio Orthopae	edic Surgeon	250.00
SUBTOTAL of Pagainta This Paga (entional)	Primary General	, iggi egate		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 122 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Ray M Fitzgerald, , MD Mailing Address 17270 Red Oak Dr	Ste 200	Date of Receipt
City Houston	State Zip Code TX 77090-2632	Transaction ID: 28819867  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer KSF Orthopaedic Center  Receipt For: Primary General	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  750.00	1
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Charles Cannon Edwards, II, MD  Mailing Address 308 North Wind Ro	pad	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Towson  FEC ID number of contributing federal political committee.	State Zip Code MD 21204-6728	Transaction ID: 28819869  Amount of Each Receipt this Period  125.00
Name of Employer The Maryland Spine Center Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Dr. Gary David Botimer, , MD Mailing Address 13753 Locust Ln		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nampa	State         Zip Code           ID         83686-9367	Transaction ID: 28819871  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Salzer Medical Group Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional	al)	1375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James Cornelius Thriffiley, IV, MD Mailing Address 2010 Lantana Cove City Biloxi FEC ID number of contributing federal political committee.	State Zip Code MS 39532-4125	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   375.00	
Full Name (Last, First, Middle Initial) Dr. David M Oster, , MD  Mailing Address 5290 S Geneva Wa	ay	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 28819873
Englewood	CO 80111-6203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Denver-Vail Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Leroy Robert Fullerton, Jr, MD  Mailing Address 811 13th St  Bldg 3 Ste 20	•	Date of Receipt  1 0 2 1 2 0 0 8
City	State Zip Code	Transaction ID: 28819874
Augusta  FEC ID number of contributing federal political committee.	GA 30901-2700	Amount of Each Receipt this Period  100.00
Name of Employer Orthopaedic Associates of Augusta Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date  300.00	
SUBTOTAL of Receipts This Page (optional	l)	350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to s merican Association of Orthopaedic Surgeor	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Randolph Copeland, , MD  Mailing Address 1609 Red Rock Dr  City Gallup  FEC ID number of contributing federal political committee.  Name of Employer US Public Health Service, IHS  Receipt For: Primary General Other (specify)	State Zip Code NM 87301-5651  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   400.00	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD  Mailing Address 525 St Mary St  City Thibodaux  FEC ID number of contributing federal political committee.  Name of Employer Thibodaux Orthopaedics  Receipt For: Primary General Other (specify)	State Zip Code LA 70301-2627  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   500.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Joe Mack Todd, , MD  Mailing Address TX Healthcare, Tod 1300 W Rosedale S  City Fort Worth  FEC ID number of contributing federal political committee.  Name of Employer Texas Health Care  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to the name and address of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Robert A Arciero, , MD  Mailing Address The Medical Arts & F  263 Farmington Ave  City	State Zip Code	Date of Receipt    M
Farmington  FEC ID number of contributing federal political committee.	CT 06034-4037	Amount of Each Receipt this Period  250.00
Name of Employer University of Connecticut  Receipt For:  Primary  General  Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. David J Bozentka, , MD  Mailing Address Presbyterian Med Ct 1 Cupp Pavilion  City	r State Zip Code	Date of Receipt    M
Philadelphia FEC ID number of contributing federal political committee.	PA 19104	Amount of Each Receipt this Period 250.00
Name of Employer Univ of Pennsylvania  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  250.00	
Full Name (Last, First, Middle Initial) Dr. Bryan D Den Hartog, , MD  Mailing Address Black Hills Ortho& S 7220 South Hwy 16	pine Ctr	Date of Receipt  10 21 2008
City Rapid City	State Zip Code SD 57702-8708	Transaction ID: 28819893  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Black Hills Orthopedic & Spine Center Receipt For:  Primary  Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 122 (check only one)    X
	d Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Perry L Schoenecker, , MD		Date of Receipt
Mailing Address 2001 S Lindbergh Bl City	State Zip Code	10 / 21 / 2008
Saint Louis	MO 63131-3504	Transaction ID: 28819894  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Washington Univ School of Medicine	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. John S Taras, , MD		Date of Receipt
Mailing Address 834 Chestnut St Ste		10 21 2008
City	State Zip Code	Transaction ID: 28819895
<u>Philadelphia</u>	PA 19107-5100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PHC	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Davis Lucey, , MD		Date of Receipt
Mailing Address 201 E Wendover Av	е	10 21 2008
City	State Zip Code	Transaction ID: 28819897
Greensboro	NC 27401-1205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 27 / 122 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Association	of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Matthew J J Kirsch, , MD			Date of Receipt
Mailing Address 801 36th St NW			10 21 2008
City	State Z	ip Code	Transaction ID: 28819898
Austin	MN 5	5912-6662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Austin Medical Center	Occupation Orthopaedic S	urgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lorence W Trick, , MD			Date of Receipt
Mailing Address Univ TX Health Sci Ctr 7703 Floyd Curl Dr MC			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: 28819899
San Antonio	<u>TX</u> 7	8229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer UTHSCSA	Occupation Orthopaedic S	urgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sean David Toomey, , MD			Date of Receipt
Mailing Address 601 Broadway			10 21 2008
City		ip Code	Transaction ID: 28819900
Seattle	WA 9	8122-5330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic S	urgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		<b></b>	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 122 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to American Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Doreen DiPasquale, , MD Mailing Address 2103 Murcia Ct  City La Jolla  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General	State Zip Code CA 92037-6942  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Frank M Berklacich, , MD Mailing Address 2011 Murphy Ave  City Nashville  FEC ID number of contributing		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date  250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Anthony Wright, , MD Mailing Address 5050 N Clinton  City Fort Wayne  FEC ID number of contributing federal political committee.	State Zip Code IN 46825-5822  C	Date of Receipt  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jefferson C Brand, Jr, MD Mailing Address 1500 Irving  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer Alexandria Orthopaedic Associates Receipt For: Primary General	State Zip Code MN 56308-2515  C  Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt  10 21 2008  Transaction ID: 28819910  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Arnold Abraham Yashar, , MD  Mailing Address 5531 Taft Ave  City La Jolla  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Permanente	State Zip Code CA 92037-7643  C	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 2 0 2 0 8  Transaction ID: 28819914  Amount of Each Receipt this Period  250.00
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Bernard F Morrey, , MD	Orthopaedic Surgeon  Aggregate Year-to-Date ▼  500.00	Date of Receipt
Mailing Address Mayo Clinic 200 1st St SW  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic  Receipt For:  Primary General Other (specify)	State Zip Code MN 55905-0001  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  300.00	Transaction ID: 28819922  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional	ıl)	600.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
NAME (	ation copied from such Reports and Stanercial purposes, other than using the of COMMITTEE (In Full) al Action Committee of the Americal			on for the purpose of soliciting contributions solicit contributions from such committee.
City Clevela FEC ID federal p  Name of Self Em  Receipt Pr	ne (Last, First, Middle Initial) English Feighan, , MD Address 2260 Harcourt Dr  and Heights  number of contributing political committee.  f Employer ployed  For: imary General ther (specify)		Zip Code 44106-4610 In edic Surgeon e Year-to-Date ▼	Date of Receipt  10 20 2008  Transaction ID: 28819923  Amount of Each Receipt this Period  250.00
Dr. Keith Mailing A  City  Muncie  FEC ID federal p  Name of Central cs Receipt Pr	number of contributing political committee.  f Employer Indiana Orthopedi-	<u> </u>	Zip Code 47304-5407 n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Beaver FEC ID federal p Name of Self Em Receipt	number of contributing political committee.  f Employer ployed	State WI  C  Occupation Orthopae	Zip Code 53916-3071  n edic Surgeon e Year-to-Date ▼ 1500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTA	AL of Receipts This Page (optional)			900.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 122 (check only one)    X   11a
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Peter Dwight Wirtz, , MD			Date of Receipt
	Mailing Address 2813 NE 28th St			10 20 7 2008
	City <u>Fort Lauderdale</u>	State FL	Zip Code 33306-1915	Transaction ID: 28819926  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 1010	500.00
	Name of Employer Self Employed	Occupation	on edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Charles D Van Meter, , MD	01, 000		Date of Receipt
	Mailing Address 201 Pennsylvania Pkv	wy Ste 200		10 20 2008
	City	State	Zip Code	Transaction ID: 28819927
	Indianapolis  FEC ID number of contributing federal political committee.	C	46280-1393	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Kieran Daniel Cody, , MD			Date of Receipt
	Mailing Address 800 W State St Ste 20	02		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28819939
	Doylestown  FEC ID number of contributing federal political committee.	C	18901-5842	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number			

Any information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  Political Action Committee of the Americal Full Name (Last, First, Middle Initial)  Dr. Stephane Lavoie, , MD  Mailing Address 740 W Plymouth Ave  City  Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing federal political committee.	State FL  Occupation Orthopae	Zip Code 32720-3282  dic Surgeon Year-to-Date ▼	
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ  Full Name (Last, First, Middle Initial) Dr. Stephane Lavoie, , MD  Mailing Address 740 W Plymouth Ave  City Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City Richmond  FEC ID number of contributing	State FL  Occupation Orthopae	Zip Code 32720-3282  dic Surgeon Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ  Full Name (Last, First, Middle Initial) Dr. Stephane Lavoie, , MD  Mailing Address 740 W Plymouth Ave  City Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City Richmond  FEC ID number of contributing	State FL  Occupation Orthopae	Zip Code 32720-3282  dic Surgeon Year-to-Date ▼	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stephane Lavoie, , MD  Mailing Address 740 W Plymouth Ave  City Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City Richmond  FEC ID number of contributing	State FL C Occupation Orthopae	Zip Code 32720-3282 1 dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Stephane Lavoie, , MD  Mailing Address 740 W Plymouth Ave  City  Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing	C Occupation Orthopae	32720-3282  dic Surgeon  Year-to-Date ▼	Transaction ID: 28819940  Amount of Each Receipt this Period
Mailing Address 740 W Plymouth Ave  City  Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing	C Occupation Orthopae	32720-3282  dic Surgeon  Year-to-Date ▼	Transaction ID: 28819940  Amount of Each Receipt this Period
Deland  FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing	C Occupation Orthopae	32720-3282  dic Surgeon  Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Florida Orthopedic Associates Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City Richmond  FEC ID number of contributing	Occupation Orthopae	n dic Surgeon Year-to-Date ▼	
Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  Dr. Anthony J Shaia, , MD  Mailing Address  Total  City  Richmond  FEC ID number of contributing	Occupation Orthopae	dic Surgeon Year-to-Date ▼	250.00
Florida Orthópedic Associates  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City Richmond  FEC ID number of contributing	Orthopae	dic Surgeon Year-to-Date ▼	
ates Receipt For:  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Anthony J Shaia, , MD  Mailing Address  7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing		Year-to-Date ▼	_
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City Richmond  FEC ID number of contributing	Aggregate		1
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing			7
Dr. Anthony J Shaia, , MD  Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing		250.00	
Mailing Address 7650 E Parham Rd Ste 1  City  Richmond  FEC ID number of contributing			Date of Receipt
Richmond FEC ID number of contributing	100		10 21 2008
FEC ID number of contributing	State	Zip Code	Transaction ID: 28819944
	VA	23294-4373	Amount of Each Receipt this Period
	C		500.00
Name of Employer WEOC	Occupation	n dic Surgeon	7
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	33 13 11	1000.00	
Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD			Date of Receipt
Mailing Address Dickson Diveley Midwest 3651 College Blvd	t Orthoped	ic	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28819945
Leawood	KS	66211-1910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Dickson Diveley Midwest	Occupation	dic Surgeon	
Ortho Clinic Receipt For:		Year-to-Date $\nabla$	$\dashv$
Primary General	Aggregate		1
Other (specify) ▼	0 0	2000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

Mailing Address Orthopaedic Specialty Institute  280 S Main Ste 200  City		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  Page for the purpose of soliciting contributions
A. D. Benjamin D Rubin, MD  Mailing Address Orthopaedic Specialty Institute 280 S Main Ste 200  City State Zip Code CA 92889-3852  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼  FUE IN aren (Last, First, Middle Initial) Dr. A Herbert Alexander, MD  Mailing Address Alexander Orthopaedics PA 100 Hospital Dr Ste 100  City State Zip Code Transaction ID: 28819946  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819946  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819947  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819946  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819946  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819946  Transaction ID: 28819946  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819946  Transaction ID		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
City State Zip Code Orrange CA 92868-3852  FEC ID number of contributing federal political committee.  Name of Employed Self Em	∠ <b>A</b> .				Date of Receipt
City State Zip Code Orange CA 928819946  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  In Name (Last, First, Middle Initial)  Dir. A Herbert Alexander, MD  Mailing Address Alexander Orthopaedics PA 100 Hospital Dr Ste 100  City State Zip Code Ketchum ID 83340-6997  FEC ID number of contributing federal political committee.  Name of Employer A Receipt For: Primary General Orthopaedics Surgeon A Receipt For: Primary General Orthopaedics Surgeon Aggregate Year-to-Date ▼  Transaction ID: 28819946  Amount of Each Receipt In		o o o o o o o o o o o o o o o o o o o	Institute		
Test D number of contributing tederal political committee.   C		City		•	Transaction ID: 28819946
Name of Employer Self Employed    Coccupation Orthopaedic Surgeon			CA	92868-3852	Amount of Each Receipt this Period
Receipt For:     Primary			C		125.00
Primary		Name of Employer Self Employed			
B. Dr. A Herbert Alexander, MD  Mailing Address Alexander Orthopaedics PA  100 Hospital Dr Ste 100  City  Ketchum  ID  83340-6997  FEC ID number of contributing federal political committee.  Name of Employer Alexander Orthopaedics, PA  Other (specify) ▼  C. Full Name (Last, First, Middle Initial)  Dr. Edward W Younger, III, MD  Mailing Address 6555 Coyle Ave Ste 235  City  Carmichael  Carmichael  Carmichael  Receipt For:  PC ID number of contributing federal political committee.  Carmichael		Primary General	Aggregate	<del></del>	
Mailing Address Alexander Orthopaedics PA 100 Hospital Dr Ste 100  City Ketchum ID 83340-6997  FEC ID number of contributing federal political committee.  C Name of Employer Alexander Orthopaedics, PA Receipt For: Primary General Other (specify) ▼  C State Zip Code Transaction ID: 28819947  Amount of Each Receipt this Period  Table 1125.00  Transaction ID: 28819947  Amount of Each Receipt this Period  Table 125.00  Transaction ID: 28819948  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819948  Transaction ID: 28819948  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period  Transaction ID: 28819948  Amount of Each Receipt this Period	– B.				Date of Receipt
City State Zip Code ID 83340-6997  FEC ID number of contributing federal political committee.  Name of Employer Alexander Orthopaedics, PA Receipt For: Primary General Other (specify) ▼  City State Zip Code CA 95608-0370  FEC ID number of contributing federal political committee.  City State Zip Code CA 95608-0370  FEC ID number of contributing federal political committee.  City State Zip Code CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  City Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.		Mailing Address Alexander Orthopaedic	cs PA		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Alexander Orthopaedics, PA PA Receipt For:  Primary General Other (specify) ▼		-		Zip Code	Transaction ID: 28819947
Name of Employer Alexander Orthopaedics, PA Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Edward W Younger, III, MD Mailing Address 6555 Coyle Ave Ste 235  City State Zip Code Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  Name of Employer Self Employer Self Employer Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M D D D D D D D D D D D D D D D D		Ketchum	ID	83340-6997	Amount of Each Receipt this Period
Alexander Orthopaedics. PA Receipt For:			C		125.00
Receipt For:  Primary General Other (specify) ▼    Date of Receipt		Alexander Orthopaedics,			
C. Dr. Edward W Younger, III, MD  Mailing Address 6555 Coyle Ave Ste 235  City State Zip Code Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D / 2 1 / 2 0 0 8  Transaction ID: 28819948  Amount of Each Receipt this Period  250.00		Receipt For: Primary General	<del>, '</del>	e Year-to-Date ▼	
Mailing Address 6555 Coyle Ave Ste 235  City State Zip Code Carmichael CA 95608-0370  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Orthopaedic Surgeon  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  FOO.00	– C.	, , ,			Date of Receipt
Carmichael  CA 95608-0370  Amount of Each Receipt this Period  EC		Mailing Address 6555 Coyle Ave Ste 23	35		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Occupation Orthopaedic Surgeon  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  500.00		•		Zip Code	Transaction ID: 28819948
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Self Employer  Aggregate Year-to-Date ▼		Carmichael	CA	95608-0370	Amount of Each Receipt this Period
Self Employed Orthopaedic Surgeon  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  500.00			C		250.00
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  500.00		Name of Employer Self Employed			7
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate	<del></del>	1
	Γ	SUBTOTAL of Receipts This Page (optional)			500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 122 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Political Action Committee of the	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	American Associ	anon of Ormopaedic Surgec	
Dr. Von L Evans, Jr, MD  Mailing Address 11797 S Freeway	Ste 346		Date of Receipt
City	State	Zip Code	1 0 2 1 2 0 0 8 Transaction ID: 28819987
Burleson	TX	76028-7035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Abhinav Bobby Chhabra, , MD			Date of Receipt
Mailing Address University of Virgi 400 Ray C Hunt D			10 21 7 2008
City	State	Zip Code	Transaction ID: 28819989
<u>Charlottesville</u>	VA	22903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer University of Virginia	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. A Bruce Reid, , MD			Date of Receipt
Mailing Address 806 Maple Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28819992
Griffin	GA	30224-4919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ortho & Sport Injury Cent- er		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	l		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 122 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John S Early, , MD  Mailing Address 3921 Marquette St  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Texas Orthopaedic Associates	State Zip Code TX 75225-5432  C Occupation Orthopaedic Surgeon	Date of Receipt    M M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Harrington, , MD Mailing Address 237 Route 108 Ste		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Somersworth  FEC ID number of contributing federal political committee.	State         Zip Code           NH         03878-1517	Transaction ID: 28819995  Amount of Each Receipt this Period  250.00
Name of Employer Seacoast Orthopedics and Sports Medici Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date  500.00	
Full Name (Last, First, Middle Initial) Dr. William C McMaster, , MD Mailing Address 1310 W Stewart D	Ste 508	Date of Receipt
City Orange	State         Zip Code           CA         92868-3856	1 0 2 1 2 0 0 8  Transaction ID: 28819996  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Orthopaedic Surgeon  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 36/122   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associa	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. William James Jekot, , MD			Date of Receipt
Mailing Address 1029 N Highland Av	⁄e		M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 2 1 2 0 0 8
City Murfreesboro	State TN	Zip Code 37130-2450	Transaction ID: 28820000  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Premier Ortho	Occupation Orthopae	dic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Dr. Russell A Wagner, , MD	<b>I</b>		Date of Receipt
Mailing Address UNT Health Science 855 Montgomery St		r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28823754
Fort Worth  FEC ID number of contributing federal political committee.	C	76107-2553	Amount of Each Receipt this Period  500.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Dr. Rudolf Hoellrich, , MD			Date of Receipt
Mailing Address Slocum Orthopedics 55 Coburg Rd	6		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eugene	State OR	Zip Code 97401-2433	Transaction ID: 28823755  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persthe name and address of any political committee in	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Ragan Gosey, Jr, MD	nerican Association of Orthopaedic Surge	Date of Receipt
Mailing Address 1850 Gause Blvd St	e 300 State Zip Code	1 0 2 2 2 2 0 0 8 Transaction ID: 28823766
Slidell	LA 70461-5434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Eugene R Mindell, , MD  Mailing Address 290 Kingstown Way		Date of Receipt
Mailing Address 290 Kingstown Way		10 22 2008
City	State Zip Code	Transaction ID: 28823770
Duxbury	MA 02332-4635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD		Date of Receipt
Mailing Address 201 E Wendover Av	e	10 22 2008
City	State Zip Code	Transaction ID: 28823771
Greensboro	NC 27401-1205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional	1	1175.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 122 (check only one)    X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD Mailing Address 12319 Brock Av.  City Downey  FEC ID number of contributing federal political committee.	e State Zip Code CA 90242-3503  C	Date of Receipt  M M M / 22 / 2008  Transaction ID: 28823773  Amount of Each Receipt this Period  1000.00
Name of Employer Retired  Receipt For:  Primary General  Other (specify) ▼	Orthopaedic Surgeon  Aggregate Year-to-Date ▼  2300.00	
Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, , MD  Mailing Address  198 Zorzal Stree  Montehiedra  City  San Juan  FEC ID number of contributing federal political committee.	State Zip Code PR 00926-7110	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas W Wright, , MD Mailing Address 8314 SW 42nd / City Gainesville FEC ID number of contributing federal political committee.	Ave State Zip Code FL 32608-3655	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer University of Florida  Receipt For:  Primary  Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)	2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 122 (check only one)    X
[	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ì	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Lloyd Parks, , MD			Date of Receipt
	Mailing Address Hospital for Special St 535 E 70th St	urgery		10 22 2008
	City	State	Zip Code	Transaction ID: 28823777
	New York	NY	10021-4872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Hospital for Special Surg- ery	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Michael Tjarksen, , MD			Date of Receipt
	Mailing Address 1111 Delafield St Ste	120		10 22 2008
	City	State	Zip Code	Transaction ID: 28823787
	Waukesha	WI	53188-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Associates of Wisconsin	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. William Lewis Craig, III, MD	1		Date of Receipt
	Mailing Address 4240 Foxbury Ct			10 22 2008
	City	State	Zip Code	Transaction ID: 28823788
	Winston Salem	NC	27104-1447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Specialists	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)		<b>1</b>	1375.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 122 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Political Action Committee of the American Committe			
Full Name (Last, First, Middle Initial) Dr. Mark A Wolgin, , MD  Mailing Address Orthopaedic Associat 619 Pointe North Blvc		Zip Code	Date of Receipt  1 0 2 2 2 2 0 0 8
Albany	GA	•	Transaction ID: 28823792
FEC ID number of contributing federal political committee.	C	31721-1514	Amount of Each Receipt this Period  150.00
Name of Employer Orthopaedic Associates  Receipt For:  Primary General Other (specify) ▼	<del>- '</del>	n edic Surgeon • Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Dr. Douglas J McDonald, , MD  Mailing Address Ste 11300 West Pavil  One Barnes-Jewish H			Date of Receipt  10 22 7 2008
City	State	Zip Code	Transaction ID: 28823793
Saint Louis	MO	63110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Washington Univ St Louis	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Denis R Clohisy, , MD	1		Date of Receipt
Mailing Address 420 Delaware St SE E	Box 492		10 22 7 2008
City	State	Zip Code	Transaction ID: 28823822
<u>Minneapolis</u>	MN	55455-0341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of Minnesota	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 122 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and addres	s of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barry S Kraushaar, , MD Mailing Address 2 PerIman Dr Ste 2	04		Date of Receipt
City Spring Valley	State NY	Zip Code 10977-5230	Transaction ID: 28823823  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Advanced Ortho & Sports Medicine Receipt For:  Primary General	Occupation Orthopaedic Aggregate Ye		250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. James R Verheyden, , MD  Mailing Address The Center Orthope		250.00	Date of Receipt  10 22 2008
2200 NE Neff Rd St City	se 200 State	Zip Code	Transaction ID: 28823826
Bend  FEC ID number of contributing federal political committee.	OR	97701-4281	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Aggregate Ye		
Full Name (Last, First, Middle Initial) Dr. Bert C Callahan, , MD	- Ct- 150		Date of Receipt
Mailing Address 705 S University Av			10 22 2008
City <u>Beaver Da</u> m	State WI	Zip Code 53916-3071	Transaction ID: 28823901  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopaedic		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optiona	l)		1000.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 122 (check only one)    X
NAME OF COMMITTEE (In	Full)	ay not be sold or used by any persideress of any political committee to siation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr. David A Friscia, , MD Mailing Address PO Box  City Rancho Mirage  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	State CA  C Occupation Orthopa	Zip Code 92270-1012  on edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Gene Other (specify) ▼  Full Name (Last, First, Middle Dr. Edward Diao, , MD	0 0	250.00	Date of Receipt
Mailing Address 450 Sutt  City  San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  Other (specify)	State CA  Occupation Orthopa  Aggregat	Zip Code 94108-3907  on edic Surgeon e Year-to-Date  ▼ 1000.00	Transaction ID: 28823903  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Dr. Robert J Benz, , MD Mailing Address 2500 E Fort Collins  FEC ID number of contributing federal political committee.	Prospect Rd State CO	Zip Code 80525-9718	Date of Receipt    M M M
Name of Employer Orthopaedic Center of the Rockies Receipt For:  Primary  Other (specify) ▼	Aggregat	on edic Surgeon e Year-to-Date ▼	
SUBTOTAL of Receipts This F	Page (optional)		1000.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 122 (check only one)    X   11a
Any information copied from such Re or for commercial purposes, other th	eports and Statements ma an using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee (		iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Init Dr. Joseph E Broyles, , MD  Mailing Address 7301 Henne	ssy Blvd Ste 200		Date of Receipt
	33y Biva Ole 200		10 22 2008
City	State	Zip Code	Transaction ID: 28823909
Baton Rouge	LA	70808-4384	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bone & Joint Ctr of Baton Rouge	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Init Dr. James A Keeney, , MD	ial)		Date of Receipt
Mailing Address 102 Yaupon	Trail		10 24 2008
City	State	Zip Code	Transaction ID: 28847243
San Antonio	TX	78256-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer USAF	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Init Dr. E Michael Keating, , MD	ial)		Date of Receipt
Mailing Address 1199 Hadley	/ Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28847244
Mooresville	IN	46158-1788	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Joint Replacement Surgeons of Indiana	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page	(optional)		1400.00
TOTAL This Period (last page this			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 122 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee			
Full Name (Last, First, Middle Initial) Dr. Robert B Snyder, , MD Mailing Address 4230 Harding Rd Ste  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Tennessee Orthopaedic Alliance Receipt For: Primary General	State TN  C  Occupation Orthopae	Zip Code 37205-2098 In edic Surgeon Year-to-Date ▼	Date of Receipt  10 24 2008  Transaction ID: 28847245  Amount of Each Receipt this Period  100.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Arya Nick Shamie, , MD  Mailing Address UCLA Med Ctr 1245 16th St Ste 220  City Santa Monica  FEC ID number of contributing	State CA	Zip Code 90404-1240	Date of Receipt    M M
Receipt For:  Primary  Other (specify)	Occupation Orthopae	n edic Surgeon Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Douglas M Joseph, , MD  Mailing Address 17 Riverside St Ste 10  City  Nashua	O1 State NH	Zip Code 03062-1383	Date of Receipt  10 24 2008  Transaction ID: 28847256
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	edic Surgeon Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		I	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 122 (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any perso he name and address of any political committee to	solicit contributions from such committee.
Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Neal D Lintecum, , MD  Mailing Address 1112 W 6th St Ste 1	24	Date of Receipt
City	State Zip Code	10 24 2008
City Lawrence	KS 66044-2249	Transaction ID: 28847258  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Alan R McCall, , MD		Date of Receipt
Mailing Address 7447 W Talcott Ave	Ste 500	10 28 2008
City	State Zip Code	Transaction ID: 28847737
Chicago	IL 60631-3716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northwest Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Roberts, , MD	1	Date of Receipt
Mailing Address 24723 Detroit Rd		10 28 2008
City	State Zip Code	Transaction ID: 28847738
Westlake	OH 44145-2526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1500.00
TOTAL This Period (last page this line numb		

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any personal using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	the American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial Dr. David M Lintner, , MD		Date of Receipt
Mailing Address 6348 Mercer City	State Zip Code	10 28 2008
Houston	TX 77005-3346	Transaction ID: 28847740  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Methodist Hospital	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial Dr. Joseph E Mumford, , MD		Date of Receipt
Mailing Address 909 SW Mulva	ane St	10 28 2008
City	State Zip Code	Transaction ID: 28847741
<u>Topeka</u>	KS 66606-1677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kansas Orthopaedic & Spor- ts Medicine	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial Dr. Craig J Della Valle, , MD		Date of Receipt
Mailing Address 1725 W Harris	son St Ste 1063	10 28 2008
City	State Zip Code	Transaction ID: 28847772
Chicago	IL 60612-3835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopaedic Surgeon	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	-
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (c	ptional)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Paul Dicpinigaitis, , MD Mailing Address 812 Edgewood Rd  City Yardley  FEC ID number of contributing federal political committee.  Name of Employer Mercer Bucks Orthopaedics  Receipt For: Primary General Other (specify)	State Zip Code PA 19067-3163  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John Anthony DiPreta, , MD Mailing Address 1367 Washington  City Albany FEC ID number of contributing federal political committee.  Name of Employer Capital Region Orthopaedic	Ave Ste 200  State Zip Code NY 12206-1043  C  Occupation Orthopaedic Surgeon	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Group Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Eric Martin Boyden, , MD  Mailing Address 555 N Arlington Av	Aggregate Year-to-Date ▼  556.00	Date of Receipt  1 0 2 8 2 0 0 8
City Reno  FEC ID number of contributing federal political committee.  Name of Employer Reno Orthopedic Clinic  Receipt For:	State Zip Code NV 89503-4723  C  Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Transaction ID: 28847775  Amount of Each Receipt this Period  500.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (option	al)	1306.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 122 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persite name and address of any political committee the erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Gerald W King, , MD  Mailing Address 600 Hospital Dr Ste 3  City Clyde  FEC ID number of contributing federal political committee.  Name of Employer Calhoun Orthopaedics, Inc.  Receipt For:  Primary General Other (specify) —	State Zip Code NC 28721-8046  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   500.00	Date of Receipt  10 29 2008  Transaction ID: 28849563  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Louis J Mariorenzi, , MD  Mailing Address 725 Reservoir Ave St  City Cranston  FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Associates, Inc. Receipt For:		Date of Receipt    M M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD  Mailing Address 400 Silver Cedar Ct  City Chapel Hill  FEC ID number of contributing federal political committee.  Name of Employer ABOS	State Zip Code NC 27514-1585  C  Occupation Orthopaedic Surgeon	Date of Receipt  M M / D D / Y Y Y Y Y  1 0 2 9 2 0 0 8  Transaction ID: 28849565  Amount of Each Receipt this Period  200.00
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 1050.00	950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political statements.	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Ronald R Romanelli, , MD		Date of Receipt
Mailing Address Ortho Center of Illino 3136 Old Jacksonvil		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28849566
Springfield	IL 62704-6487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Center of III- inois	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Bryan Klepper, , MD		Date of Receipt
Mailing Address Chesapeake Orthopa 200 Hospital Dr 3rd	FI Ste 300	10 29 7 2008
City	State Zip Code	Transaction ID: 28849612
Glen Burnie FEC ID number of contributing	MD 21061-5884	Amount of Each Receipt this Period 250.00
federal political committee.		
Name of Employer Chesapeake Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Mark W Hollmann, , MD		Date of Receipt
Mailing Address 740 W Plymouth Ave	е	10 29 2008
City	State Zip Code	Transaction ID: 28849613
<u>Deland</u>	FL 32720-3282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Florida Orthopaedic Assoc- iates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
	er only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 122 (check only one)    X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
۱.	Full Name (Last, First, Middle Initial)  Dr. Rick A Raimondo, , MD  Mailing Address Reconstructive Orthogonal Reconstructive Orthogonal Reconstructive Orthogonal Reconstructive Orthogonal Reconstructive Orthogonal Recons	andia DA		Date of Receipt
	737 Main St Ste 6	Daedics PA		10 29 2008
	City	State	Zip Code	Transaction ID: 28849614
	Lumberton	NJ	08048-3089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Reconstructive Orthopaedi- cs	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Cusmariu, , MD	1		Date of Receipt
	Mailing Address 833 St. Vincents Drive POB 3 Suite 403			10 29 2008
	City	State	Zip Code	Transaction ID: 28849617
	Birmingham	AL	35205-1606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Orthopaedic Specialists of Alabama	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr. Kent Jason Lowry, , MD			Date of Receipt
	Mailing Address 444 E Timber Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28849618
	Rhinelander	WI	54501-2852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Northland Orthopaedic Ass- ociates	<del> </del>	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		600.00

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.	
Political Action Committee of the  Full Name (Last, First, Middle Initial)	American Association of Orthopaedic Surgeo	ons	
		Date of Receipt	
Mailing Address 9715 Stonecross		10 29 7 2008	
City	State Zip Code TX 77070-4399	Transaction ID: 28849621	
Houston  FEC ID number of contributing federal political committee.	TX 77070-4399	Amount of Each Receipt this Period 250.00	
Name of Employer Texas Orthopaedic & Sports Medicine Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	1	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	300.00	Date of Receipt	
• • • • • • • • • • • • • • • • • • • •	Dr. Edward Adrian Connolly, , MD  Mailing Address 520 Valley View Dr		
City	State Zip Code	Transaction ID: 28849622	
Moline	IL 61265-6152	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Michael C Albert, , MD		Date of Receipt	
Mailing Address Ortho Ctr for Spir 1 Childrens Plaza		10 29 7 2008	
City	State Zip Code OH 45404-1898	Transaction ID: 28849623	
Dayton  FEC ID number of contributing federal political committee.	OH 45404-1898	Amount of Each Receipt this Period 500.00	
Name of Employer Ortho Ctr for Spinal & Pe- diatric Care	Occupation Orthopaedic Surgeon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
SUBTOTAL of Receipts This Page (option	nal)	1000.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Amo	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Howard L Berg, , MD			Date of Receipt
	Mailing Address 13 Medical Dr	Stata	7in Codo	10 29 2008
	City Amarillo	State TX	Zip Code 79106-4121	Transaction ID: 28849624  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70100 4121	250.00
	Name of Employer Self Employed	Occupation Orthopae	on edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Anthony R Mork, , MD			Date of Receipt
	Mailing Address 101 Microspine Way			10 29 2008
	City	State	Zip Code	Transaction ID: 28849625
	Defuniak Springs	<u>FL</u>	32435-6323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ECMS	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD	•		Date of Receipt
	Mailing Address 11 Cherry Ln			10 29 2008
	City	State	Zip Code	Transaction ID: 28849633
	Bedford	NH	03110-4339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NH Orthopaedic Surgery, PA		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
上	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 122 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert C Martin, , DO Mailing Address 901 N Winstead A	State Zip Code	Date of Receipt  1 0 2 9 2 0 0 8  Transaction ID: 28849634
Rocky Mount  FEC ID number of contributing federal political committee.	NC 27804-8745	Amount of Each Receipt this Period  1000.00
Name of Employer Carolina Regional Orthopa- edics Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD  Mailing Address Premier Orthopae 5651 Frist Blvd Si		Date of Receipt  1 0 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 28849635
Hermitage  FEC ID number of contributing federal political committee.	TN 37076-2059	Amount of Each Receipt this Period 500.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial) Dr. Charles H Alexander, , MD	L	Date of Receipt
Mailing Address 5549 Green Oak	Dr	10 29 2008
City	State Zip Code	Transaction ID: 28849636
Los Angeles  FEC ID number of contributing federal political committee.	CA 90068-2501	Amount of Each Receipt this Period  500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
	nal)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 122 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
` ′	erican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. John H Mahon, , MD		Date of Receipt
Mailing Address 8602 N Cardinal Dr	State Zip Code	10 29 2008
City Phoenix	AZ 85028-6102	Transaction ID: 28849674  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Scottsdale Orthopaedic Su- rgeons	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD		Date of Receipt
Mailing Address 2120 N MacArthur B		10 29 2008
City	State Zip Code	Transaction ID: 28849675
Irving	TX 75061-2260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD		Date of Receipt
Mailing Address 74 B Centennial Loop	o Ste 300	10 29 2008
City	State Zip Code	Transaction ID: 28849676
Eugene	OR 97401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	375.00	
		1375.00

ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 55 / 122   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Michael Joseph Young, , MD			Date of Receipt
Mailing Address PO Box 22150			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hot Springs	State AR	Zip Code 71903-2150	Transaction ID: 28849677  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Healthfirst	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, , MD	I		Date of Receipt
Mailing Address 7321 NE 84th Terrace			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28849678
Kansas City  FEC ID number of contributing federal political committee.	MO C	64157-9584	Amount of Each Receipt this Period 500.00
Name of Employer Northland Bone & Joint	Occupation Orthopae	n edic Surgeon	_
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. John C Clohisy, , MD			Date of Receipt
Mailing Address Dept of Orthopaedi Campus Box 8233	ic Surgery		10 29 7 7 7 7 7
City Saint Louis	State MO	Zip Code 63110	Transaction ID: 28849701  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Washington University Med- ical School		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options			2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 122 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  Political Action Committee of the	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ricardo J Rodriguez, , MD  Mailing Address 8080 Bluebonnet E	Blvd Ste 1000		Date of Receipt
City Baton Rouge	State LA	Zip Code 70810-7827	Transaction ID: 28849702  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	n	250.00
Name of Employer Baton Rouge Orthopaedic Clinic Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Orthopae	edic Surgeon  • Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Errico, , MD  Mailing Address NYU Med Ctr 530 1st Ave Ste 8	J		Date of Receipt    M
City	State	Zip Code	Transaction ID: 28867840
New York  FEC ID number of contributing federal political committee.	C	10016-6402	Amount of Each Receipt this Period 250.00
Name of Employer NYU Medical School		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, , MD			Date of Receipt
Mailing Address 28-04 Broadway			11 03 2008
City	State	Zip Code	Transaction ID: 28867841
Fair Lawn  FEC ID number of contributing federal political committee.	NJ C	07410-3913	Amount of Each Receipt this Period  500.00
Name of Employer Garden State Orthopaedics		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (option	nal)	<b>)</b>	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
\[ \]	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Henry W Hanff, , MD			Date of Receipt
	Mailing Address 5243 Hanff Ln  City	State	Zip Code	11 03 20067042
	New Port Richey	FL	21p Code 34652-4226	Transaction ID: 28867842  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.000	500.00
	Name of Employer Florida Joint Replacement	Occupation Orthopa	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Thomas P Obade, Jr, MD			Date of Receipt
	Mailing Address 414 Tatum St			11 03 2008
	City	State	Zip Code	Transaction ID: 28867843
	Woodbury	NJ	08096-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Orthopaedics at Woodbury		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Pierce E Scranton, Jr, MD	l		Date of Receipt
	Mailing Address 12333 NE 130th Lane	e Ste 400		11 03 7 9 9 8
	City Kirkland	State WA	Zip Code 98034-7467	Transaction ID: 28867845
	FEC ID number of contributing federal political committee.	C	90034-7407	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sc for each categor Detailed Summa	hedule(s) y of the	FOR LINE NUMBER: PAGE 58 / 122 check only one)    X
(	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be sold or used name and address of any political	by any person for committee to sol	or the purpose of soliciting contributions icit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopa	edic Surgeons	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael David Daubs, , MD			Date of Receipt
	Mailing Address 590 Wakara Way	O		111 03 2008
	City Salt Lake City	State Zip Code UT 84108-1200		Transaction ID: 28867848  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Utah	Occupation Orthopaedic Surgeon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Ricardo M Canals-Morales, , MD Mailing Address PO Box 360097			Date of Receipt
				11 03 2008
	City San Juan	State Zip Code PR 00936-0097		Transaction ID: 28867849  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0	400.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	400.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. James White Brodsky, , MD	<u> </u>		Date of Receipt
	Mailing Address Baylor University Med 411 N Washington Ste		11 03 2008	
	City Dallas	State Zip Code TX 75246-1791	-	Transaction ID: 28867850  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Orthopedic Associates	Occupation Orthopaedic Surgeon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Eric B Arvidson, , MD Mailing Address Essex Orthopaedics 16 Pelham Rd City Salem FEC ID number of contributing	State Zip Code NH 03079-2826	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date  300.00	
Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD  Mailing Address 1005 S Hemlock St		Date of Receipt  1 1 0 3 2 0 0 8
City	State Zip Code	Transaction ID: 28867852
Iron Mountain  FEC ID number of contributing federal political committee.	MI 49801-3854	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Spiegel, , MD		Date of Receipt
Mailing Address 1662 Dominican Wa	ay	11 03 2008
City	State Zip Code	Transaction ID: 28867853
Santa Cruz  FEC ID number of contributing federal political committee.	CA 95065-1522	Amount of Each Receipt this Period  300.00
Name of Employer Sutter Health	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	)	850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 122 (check only one)    X   11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Bill S Barnhill, , MD			Date of Receipt
	Mailing Address 7000 W 9th Ave	Chaha	7: Od-	11 03 2008
	City Amarillo	State TX	Zip Code 79106-1709	Transaction ID: 28867854  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopas	edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Thomas Lee Gautsch, , MD			Date of Receipt
	Mailing Address Southern Sports Medi PO Box 1686	11 03 4 2008		
	City Gallatin	State TN	Zip Code	Transaction ID: 28867855
	FEC ID number of contributing federal political committee.	C	37066-1686	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopas	n edic Surgeon	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
— C.	Full Name (Last, First, Middle Initial) Dr. Robert R Protzman, , MD			Date of Receipt
	Mailing Address 3955 Sarita Park			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28867856
	Fort Worth  FEC ID number of contributing federal political committee.	C	76109-4632	Amount of Each Receipt this Period 500.00
	Name of Employer Univ of Northern Texas	Occupatio	on edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 500.00	
5	SUBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 122 (check only one)    X   11a		
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	NAME OF COMMITTEE (In Full)  Political Action Committee of the American Association of Orthopaedic Surgeons				
∠ A.	Full Name (Last, First, Middle Initial) Dr. C Martin Persons, , MD	Date of Receipt				
	Mailing Address 1604 Hospital Pky Ste	402		11 03 7 2008		
	City Bedford	State TX	Zip Code 76022-6932	Transaction ID: 28867857		
	FEC ID number of contributing federal political committee.	C	70022-0332	Amount of Each Receipt this Period  1000.00		
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
— В.	Full Name (Last, First, Middle Initial) Dr. Robert S Derkash, , MD	Date of Receipt				
	Mailing Address Ortho Assoc of Glenw 1906 Blake Av #300	11 03 7 2008				
	City Glenwood Springs	State CO	Zip Code	Transaction ID: 28867858		
	FEC ID number of contributing federal political committee.	C	81601-4298	Amount of Each Receipt this Period  250.00		
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
_ C.	Full Name (Last, First, Middle Initial) Dr. Gregory T Tadduni, , MD			Date of Receipt		
	Mailing Address 1 Bartol Ave Ste 100	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 28867859		
	Ridley Park  FEC ID number of contributing federal political committee.	C	19078-2214	Amount of Each Receipt this Period 500.00		
	Name of Employer Occupation Premier Orthopaedics Orthopaedic Surgeon					
	Receipt For:  Primary  General  Other (specify)	<del>, '                                     </del>	e Year-to-Date ▼ 500.00			
	SUBTOTAL of Receipts This Page (optional)			1750.00		
	TOTAL This Period (last page this line number		<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 122 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee			
Full Name (Last, First, Middle Initial) Dr. Frank M Berklacich, , MD  Mailing Address 2011 Murphy Ave Ste  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State TN C Occupation Orthopae	dic Surgeon Year-to-Date ▼ 750.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Srdjan Mirkovic, , MD  Mailing Address Northwestern Orthopa 680 N Lake Shore Dr  City Chicago  FEC ID number of contributing federal political committee.	Ste 1028 State IL	Zip Code 60611-4451	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Northwestern Orthopaedic Institute Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)	_ · · · · · · · ·	odic Surgeon Year-to-Date ▼ 1000.00	]
Dr. John N Hall, , MD  Mailing Address Atlantic Coast Ortho S  414 Albemarle Sq  City  Charlottesville	Specialists State VA	Zip Code 22901-7400	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	1100	750.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	<del>_ '</del>	n edic Surgeon Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional) .			2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 122 (check only one)    X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
1 \	erican Association of Orthopaedic Surgeo	ns	
Full Name (Last, First, Middle Initial) Dr. William C Nash, , MD  Mailing Address 1113 Woodland Dr			
City	State Zip Code	1 1 0 3 2 0 0 8 Transaction ID: 28867863	
Elizabethtown	KY 42701-2749	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Steven Harris Jones, , MD		Date of Receipt	
Mailing Address 500 Hioaks Rd Suite B	Suite B		
City	State Zip Code	Transaction ID: 28867864	
Richmond	VA 23225-4061	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer West End Orthopaedic Clin- ic	Occupation Orthopaedic Surgeon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Kent A Reinker, , MD		Date of Receipt	
Mailing Address Univ TX HIth Sci Ctr 7703 Floyd Curl Dr M	IC 7774	111 06 2008	
City	State Zip Code	Transaction ID: 28870256	
San Antonio	TX 78229-3901	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Univ TX HIth Sci Ctr at San Antonio	Occupation Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
SUBTOTAL of Receipts This Page (optional)		1750.00	
TOTAL This Period (last page this line number	·		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 122 (check only one)    X
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	ierican Assoc	iation of Orthopaedic Surgeo	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Richard J Patterson, , MD	Date of Receipt		
	Mailing Address Bone and Joint Spec 190 Campus Blvd Mo	11 06 2008		
	City	State	Zip Code	Transaction ID: 28870257
	Winchester	VA	22601-2872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bone and Joint Spec of Wi-	Occupatio		
	nchester Receipt For:		edic Surgeon	
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		500.00	
. –	Full Name (Last, First, Middle Initial) Dr. G Gustave Hodge, , MD			Date of Receipt
	Mailing Address 3015 Squalicum Pkw	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 28870258
	Bellingham	WA	98225-1906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Daniel Lee, , MD	<b> </b>		Date of Receipt
	Mailing Address 10521 Shoalhaven Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28870259
	Las Vegas	NV	89134-7425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Nevada Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	]
Г				875.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Michael S Petersen, , MD  Mailing Address Valley Oak Orthopaec	Date of Receipt		
	Mailing Address Valley Oak Orthopaed 2031 Anderson Rd Ste			11 06 2008
	City	State	Zip Code	Transaction ID: 28870260
	Davis	CA	95616-0621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley Oak Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. P Gregory Askins, , MD	Date of Receipt		
	Mailing Address 404 State St			11 06 2008
	City	State	Zip Code	Transaction ID: 28870291
	Bangor	ME	04401-6623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Down East Orthopaedics	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		535.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Stephen D Landaker, , MD	Date of Receipt		
	Mailing Address 1600 Esplanade Ste C	;		11 06 2008
	City Chico	State CA	Zip Code	Transaction ID: 28870292
	FEC ID number of contributing		95926-3369	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary ☐ General Other (specify) ▼	0 0	250.00	
s	SUBTOTAL of Receipts This Page (optional)			1285.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 122 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	nerican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Bruce A Seideman, , MD  Mailing Address 10 Meadowood I n		Date of Receipt
Mailing Address 10 Meadowood Ln  City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Glen Head	NY 11545-2627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Orthopaedic Associates of Manhattan	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. R Pepper Murray, , MD		Date of Receipt
Mailing Address 1551 S Renaissance Ste 400		111 06 2008
City Bountiful	State Zip Code UT 84010-7676	Transaction ID: 28870294
FEC ID number of contributing federal political committee.	UT 84010-7676	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. lan Lin, , MD		Date of Receipt
Mailing Address 104 Foster Dr		1 1 0 6 Y Y Y Y Y
City	State Zip Code	Transaction ID: 28870295
Des Moines	IA 50312-2538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Des Moines Ortho	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·	2500.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 122 (check only one)    X	
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Political Action Committee of the Air	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Dr. Michael J Prayson, , MD  Mailing Address Wright State University  30 E Apple St Ste 2200			
Dayton  FEC ID number of contributing federal political committee.	OH	45409-2939	Transaction ID: 28870972  Amount of Each Receipt this Period  150.00	
Name of Employer Wright State University  Receipt For:  Primary General  Other (specify) ▼	<del></del>	edic Surgeon Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD  Mailing Address Inter-Community Pr  315 N 3rd Ave Ste 3	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y			
City Covina	State CA	Zip Code 91723-1916	Transaction ID: 28870983	
FEC ID number of contributing federal political committee.	C	31723 1310	Amount of Each Receipt this Period  250.00	
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]	
Full Name (Last, First, Middle Initial) Dr. Andrew P Gutow, , MD	l		Date of Receipt	
Mailing Address 741 Westminster Ln			1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 28870986	
Los Altos  FEC ID number of contributing federal political committee.	CA	94022-1144	Amount of Each Receipt this Period 250.00	
Name of Employer Palo Alto Orthopaedics Medical		edic Surgeon		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]	
SUBTOTAL of Receipts This Page (optional	l)		650.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 68 / 122   (check only one)     X   11a     11b     11c     12     13     14     15     16     1		
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. David M Dines, , MD			Date of Receipt		
	Mailing Address 935 Northern Blvd Ste 303				
City Great Neck	State NY	Zip Code 11021-5328	Transaction ID: 28870990  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		500.00		
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD	l		Date of Receipt		
Mailing Address 6770 Mayfield Rd	11 07 2008				
City	State	Zip Code	Transaction ID: 28870991		
Mayfield Heights  FEC ID number of contributing federal political committee.	OH C	44124-2299	Amount of Each Receipt this Period  100.00		
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00			
Full Name (Last, First, Middle Initial) Dr. Lesley J Anderson, , MD			Date of Receipt		
Mailing Address 2100 Webster St 5	Mailing Address 2100 Webster St Ste 309				
City San Francisco	State CA	Zip Code 94115-2376	Transaction ID: 28870993  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	34113 2070	1000.00		
Name of Employer Self Employed	Name of Employer Self Employed Occupation Orthopaedic Surgeon				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00			
SUBTOTAL of Receipts This Page (option	and)	_	1600.00		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 122 (check only one)    X   11a		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	NAME OF COMMITTEE (In Full)  Political Action Committee of the American Association of Orthopaedic Surgeons				
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald W Smith, , MD			Date of Receipt		
	Mailing Address 2651 Elm Ave Ste 205	111 07 2008				
	City Long Beach	State CA	Zip Code 90806-1638	Transaction ID: 28870994  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	30000-1000	250.00		
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	7		
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00			
Б.	Full Name (Last, First, Middle Initial) Dr. Blane William McCoy, , MD	Date of Receipt				
	Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste	11 07 4 2008				
	City Parma	State OH	Zip Code	Transaction ID: 28871000		
	FEC ID number of contributing federal political committee.	C	44129-5469	Amount of Each Receipt this Period  250.00		
	Name of Employer Southwest Orthopedics	Occupation Orthopa	on edic Surgeon	7		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
с. С.	Full Name (Last, First, Middle Initial) Dr. Mark J Geppert, , MD	Date of Receipt				
	Mailing Address Marsh Brook Profession 237 Route 108	11 07 4 2008				
	City Somersworth	State NH	Zip Code 03878-1517	Transaction ID: 28871001		
	FEC ID number of contributing federal political committee.	C	03076-1317	Amount of Each Receipt this Period  500.00		
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon			
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 1000.00			
	SUBTOTAL of Receipts This Page (optional)			1000.00		
f	TOTAL This Period (last page this line number		<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 122 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Amer	rican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. George Naseef, , MD		Date of Receipt
Mailing Address 843 Mountain Ave		1 1 0 7 2 0 0 8
City	State Zip Code	Transaction ID: 28871002
New Providence	NJ 07974-1212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NJ Spine Center	Occupation	7
	Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John M Aversa, , MD		Date of Receipt
Mailing Address 2408 Whitney Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 28871003
<u>Hamden</u>	CT 06518-3209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Connecticut Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. J Gordon Rawles, Jr, MD		Date of Receipt
Mailing Address 1400 Johnston Willis D	1 1 0 7 2 0 0 8	
City	State Zip Code	Transaction ID: 28871005
Richmond	VA 23235-4765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer West End Orthopaedic Clin-	Occupation Orthopaedic Surgeon	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17			
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	merican Association of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initial) Dr. Richard E Grant, , MD  Mailing Address Dept of Ortho Surge	Dr. Richard E Grant, , MD				
11100 Euclid Ave	ыу	11 07 2008			
City	State Zip Code	Transaction ID: 28871006			
Cleveland	OH 44106-1716	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary ☐ General Other (specify) ▼	600.00				
Full Name (Last, First, Middle Initial) Dr. Yram Jan Groff, , MD	Dr. Yram Jan Groff, , MD				
Mailing Address 4815 Liberty Ave St	Mailing Address 4815 Liberty Ave Ste 250				
City	State Zip Code	1 1 0 7 2 0 0 8 Transaction ID: 28871007			
Pittsburgh	PA 15224-2156	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	118.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	368.00				
Full Name (Last, First, Middle Initial) Dr. Vincent E Vena, , MD		Date of Receipt			
Mailing Address 2 Celeste Dr	Mailing Address 2 Celeste Dr				
City	State Zip Code	Transaction ID: 28871009			
<u>Johnstown</u>	PA 15905-2832	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Western PA Orthopaedics	Occupation Orthopaedic Surgeon				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary ☐ General Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional	l)	568.00			
	ber only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 122 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD			Date of Receipt
	Mailing Address Univ of Mississippi Me 2500 North State St	d Ctr, Dept		11 07 2008
	City	State	Zip Code	Transaction ID: 28871020
	<u>Jackson</u> FEC ID number of contributing	MS	39216-4505	Amount of Each Receipt this Period
	federal political committee.	C		350.00
	Name of Employer UMMC	Occupation	on edic Surgeon	
	Receipt For:	<del>. '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Dr. David G Lewallen, , MD	Date of Receipt		
	Mailing Address Mayo Clinic 200 1st St SW			11 07 2008
	City	State	Zip Code	Transaction ID: 28871021
	Rochester  FEC ID number of contributing federal political committee.	C	55905-0001	Amount of Each Receipt this Period  1000.00
	Name of Employer Mayo Clinic	Occupation Orthopa	on edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Brett William Fischer, , MD			Date of Receipt
	Mailing Address 2740 N Clarkson St	1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 28871023
	Fremont	NE	68025-7716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	<b>)</b>	2350.00
	TOTAL This Period (last page this line number	only)	·	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 122 (check only one)    X
N	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) Political Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>D</u>	ull Name (Last, First, Middle Initial) r. Frank P Giammattei, , MD lailing Address Crozer-Chester Med C Professional Office Blo			Date of Receipt    M
C	ity	State	Zip Code	Transaction ID: 28871024
	Jpland	PA	19013	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		83.34
N P	ame of Employer remier Orthopaedics	Occupatio Orthopae	n edic Surgeon	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 833.40	
. <u>D</u>	ull Name (Last, First, Middle Initial) or. Patrick J Vaughan, , MD lailing Address 9412 Beachwood Dr N	l W		Date of Receipt
_		<b></b>		11 07 2008
	ity	State	Zip Code	Transaction ID: 28871026
F	Aig Harbor  EC ID number of contributing ederal political committee.	C	98332-6306	Amount of Each Receipt this Period  500.00
NS	ame of Employer ielf Employed	Occupatio Orthopae	n edic Surgeon	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
<u>D</u>	ull Name (Last, First, Middle Initial) r. Brereton B Strafford, , MD lailing Address	5		Date of Receipt  1 1 0 7 2 0 0 8
C	ity	State	Zip Code	Transaction ID: 28871028
<u>A</u>	uburn	WA	98002-4013	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
_	ame of Employer elf Employed		edic Surgeon	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)			833.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 122 (check only one)    X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Edward A Toriello, , MD Mailing Address 7815 Eliot Ave  City Middle Village  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code NY 11379-1300  C Occupation Orthopaedic Surgeon	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Ford, , MD  Mailing Address 251 S Green Valley #2913  City  Henderson	y Pkwy  State Zip Code  NV 89012-2312	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer VA Medical Center  Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date  1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. H Chester Boston, Jr, MD Mailing Address PO Box 2447  City	State Zip Code	Date of Receipt    M
Tuscaloosa  FEC ID number of contributing federal political committee.	AL 35403-2447	Amount of Each Receipt this Period  1000.00
Name of Employer University Orthopaedic Clinic PC Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (options	al)	2100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 122 (check only one)  X 11a 11b 11c 12  13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	erican Association of Orthopaedic Surgeo	ns			
Full Name (Last, First, Middle Initial) Dr. George W Wharton, , MD  Mailing Address 1341 W Mockingbird	Dr. George W Wharton, , MD				
#710E		11 21 2008			
City Dallas	State Zip Code TX 75247-4939	Transaction ID: 28925203  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Dr. Jonathan William Surdam, , MD Mailing Address 583 Clarizz Blvd		Date of Receipt			
	Otata 7:a Ocala	11 21 2008			
City Bloomington	State Zip Code IN 47401-5515	Transaction ID: 28925204  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Orthopedics of Southern Indiana	Occupation Orthopaedic Surgeon				
Receipt For:  Primary General	Aggregate Year-to-Date ▼				
Other (specify)	1000.00				
Full Name (Last, First, Middle Initial) Dr. Don A Lowry, , MD		Date of Receipt			
Mailing Address 2 Celeste Dr		11 21 2008			
City	State Zip Code	Transaction ID: 28925207			
Johnstown	PA 15905-2832	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Western PA Orthopedics	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional) .		3000.00			
TOTAL This Period (last page this line numbe	r only)				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3 <b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 122 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  Political Action Committee of the	ng the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alexis P Shelokov, , MD  Mailing Address 4708 Alliance Blvd	d Ste 810		Date of Receipt
City Plano	State TX	Zip Code 75093-5338	Transaction ID: 28925225  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Consulting Orthopaedists  Receipt For:  Primary  General  Other (specify) ▼	<del></del>	edic Surgeon  Year-to-Date   1000.00	]
Full Name (Last, First, Middle Initial) Dr. Larry Michael Carroll, , MD  Mailing Address 500 Campus Dr	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 28925226
Hancock  FEC ID number of contributing federal political committee.  C		49930-1569	Amount of Each Receipt this Period
			535.00
Name of Employer Portage Hospital		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 535.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth J Kress, , MD	1		Date of Receipt
Mailing Address 5671 Peachtree D Ste 700	·	7:01	111 21 2008
City Atlanta	State GA	Zip Code 30342-5000	Transaction ID: 28925227  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		33012 0000	1000.00
Name of Employer Resurgens PC	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	<b>)</b>	2535.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 122 (check only one)    X			
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	` '	Political Action Committee of the American Association of Orthopaedic Surgeons					
٩.	Full Name (Last, First, Middle Initial) Dr. Matthew J Landfried, , MD	Date of Receipt					
	Mailing Address 33 Chandler Ave	Stato	Zip Code	11 21 2008			
	City Batavia	State NY	2ip Code 14020-1684	Transaction ID: 28925229  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupation Orthopae	edic Surgeon				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00				
_ 3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey A Bash, , MD  Mailing Address 410 Saybrook Rd Ste	Date of Receipt					
		11 21 2008					
	City Sta Middletown CT		Zip Code 06457-4780	Transaction ID: 28925230			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  1000.00			
	Name of Employer Middlesex Orthopaedic Sur- geons	Occupation Orthopae	n edic Surgeon				
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00				
_ ;.	Full Name (Last, First, Middle Initial) Dr. Stephen S Hurst, , MD			Date of Receipt			
	Mailing Address 77 N San Mateo Dr			11 21 2008			
	City San Mateo	State CA	Zip Code	Transaction ID: 28925231			
	FEC ID number of contributing federal political committee.	C	94401-2889	Amount of Each Receipt this Period  500.00			
	Name of Employer Occupation San Mateo Orthopaedic Gro- up Orthopaedic Gro-		edic Surgeon				
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00				
	SUBTOTAL of Receipts This Page (optional) .			2500.00			
	TOTAL This Period (last page this line numbe						

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 122 (check only one)    X   11a
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	Political Action Committee of the Amo	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Kim Marie Clabbers, , MD	Date of Receipt		
	Mailing Address 120 W Maple Ave  City	State	Zip Code	1 1 2 1 2 0 0 8  Transaction ID: 28925232
	Langhorne	PA	19047-2820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10077 2020	125.00
	Name of Employer Lower Bucks Hospital	Occupatio Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
– В.	Full Name (Last, First, Middle Initial) Dr. David Sheng Huang, , MD	Date of Receipt		
	Mailing Address Texoma Med Ctr 1518 10th St			11 21 7 2008
	City	State	Zip Code	Transaction ID: 28925233
	Wichita Falls  FEC ID number of contributing federal political committee.	C	76301-4405	Amount of Each Receipt this Period  1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Christopher P Meyer, , MD	1		Date of Receipt
	Mailing Address 6465 Wayzata Blvd S	ite 900		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28925234
	Saint Louis Park FEC ID number of contributing	MN	55426-1734	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self Employed Occupati		n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1375.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 79 / 122   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD	Date of Receipt		
Mailing Address 324 Roxbury Rd	11 21 2008		
City Rockford	State IL	Zip Code 61107-5090	Transaction ID: 28925235
FEC ID number of contributing federal political committee.	C	61107-3090	Amount of Each Receipt this Period  250.00
Name of Employer Rockford Orthopedic Associates Receipt For:		n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	750.00	
Full Name (Last, First, Middle Initial) Robert H Haralson, III, MD, M			Date of Receipt
Mailing Address American Academy 6300 N River Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Rosemont	State IL	Zip Code 60018-4206	Transaction ID: 28925549
FEC ID number of contributing federal political committee.		00010-4200	Amount of Each Receipt this Period 500.00
Name of Employer American Academy of Ortho-	Occupation	n edic Surgeon	
paedic Surgeo Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Raleigh Mixon Robinson, , MD			Date of Receipt
Mailing Address 1765 Old West Broad St Bldg # 2 Ste 200			1 1 2 4 2 0 0 8
City Athens	State GA	Zip Code 30606-2853	Transaction ID: 28925550  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		50000 2000	500.00
Name of Employer Athens Orthopaedic Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For:	<del></del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (options	al)		1250.00

	LE A (FEC Form 3X)  RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 122 (check only one)    X
or for commerc	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) Action Committee of the Ame	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name of Dr. Bryan Br	(Last, First, Middle Initial) omberg, , MD			Date of Receipt
City	dress 940 Central Park Dr S	State	Zip Code	1 1 2 4 2 0 0 8 Transaction ID: 28925552
-	at Springs	CO	80487-8816	Amount of Each Receipt this Period
FEC ID nur	mber of contributing ical committee.	C		250.00
Name of Er Steamboat ociates Receipt For	mployer Orthopaedic Ass-	<del>, '</del>	n edic Surgeon e Year-to-Date ▼	
Prima		Aggregate	500.00	
Dr. Robert J	(Last, First, Middle Initial) ohn Bischoff, , MD dress 207 Blooming Grove F	Date of Receipt		
Walling Add	207 Biodining Grove i	11 24 2008		
City		State	Zip Code	Transaction ID: 28925555
<u>Hanover</u>		PA	17331-7917	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		500.00
Name of Er Hanover Or iates	mployer rthopaedic Assoc-	Occupation Orthopae	n edic Surgeon	
Receipt For Prima		Aggregate	e Year-to-Date ▼ 500.00	]
	(Last, First, Middle Initial) I Ellison, , MD			Date of Receipt
Mailing Add	dress 207 Blooming Grove F	11 24 YYYY 2008		
City		State	Zip Code	Transaction ID: 28925556
<u>Hanover</u>		PA	17331-7917	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		500.00
<u>iates</u>	rthopaedic Assoc-		edic Surgeon	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL	of Receipts This Page (optional)			1250.00

Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may		13 14 15 16 1		
Political Action Committee of the Ar		ress of any political committee to	o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Fred G Corley, , MD			Date of Receipt		
Mailing Address Univ TX HIth Sci Ctr 7703 Floyd Curl Dr,			11 24 2008		
City <u>San Antonio</u>	State TX	Zip Code 78229-3901	Transaction ID: 28925558  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70223 0301	250.00		
Name of Employer Univ of Texas Health Scie- nce Center Receipt For:  Primary General Other (specify) ▼	<del> ' ' ' </del>	dic Surgeon Year-to-Date ▼ 1750.00			
	Dr. William B Smith, , MD				
City 625 E St Paul Ave	1 1 2 4 2 0 0 8 Transaction ID: 28925560				
<u>Milwaukee</u>	WI	Zip Code 53202-5907	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Blount Orthopaedic Clinic	Occupation Orthopae	dic Surgeon			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. David Matthew Beard, , MD			Date of Receipt		
Mailing Address 3270 20 St South			11 24 2008		
City	State	Zip Code	Transaction ID: 28925562		
Fargo  FEC ID number of contributing federal political committee.	C	58104-5917	Amount of Each Receipt this Period 500.00		
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon			
Receipt For:  Primary General  Other (specify)		Year-to-Date ▼ 1500.00			
SUBTOTAL of Receipts This Page (optional	)	<b>)</b>	1750.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 82 / 122		
			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17		
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns		
	Full Name (Last, First, Middle Initial) Dr. Richard D Goldner, , MD  Mailing Address Duke Univ Med Ctr Box 3480  City	State	Zip Code	Date of Receipt  1 1 2 4 2 0 0 8  Transaction ID: 28925564		
	Self Employed	NC C Occupation		Amount of Each Receipt this Period  250.00		
			edic Surgeon  year-to-Date ▼  250.00			

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	103927.34

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 122 (check only one)  11a 11b 11c 12 13 14 15 16 🔀 17
	Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  Political Action Committee of the American Assets	solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St.	Date of Receipt	
	City State Chicago IL	Zip Code 60675	Transaction ID: 28885668  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		10.46
	Name of Employer  Receipt For:  Primary  General  Other (specify) ▼  Aggreg	ate Year-to-Date ▼  23073.77	Interest received on bank account
В.	Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St.		Date of Receipt  1 0 3 1 2 0 0 8
	City State	Zip Code	Transaction ID: 28885669
	<u>Chicago</u> IL	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1631.06
	Name of Employer Occupa	ution	
	Receipt For:  Primary General  Other (specify) ▼	ate Year-to-Date ▼ 24704.83	Interest received on bank account

SUBTOTAL of Receipts This Page (optional)	•	1641.52
TOTAL This Period (last page this line number only)	<b>•</b>	1641.52

	Use separate schedule(s) (check of	NE NUMBER: PAGE 84 / 122 only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  21b 27	<u> </u>
ny Information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full)		
Political Action Committee of the America	n Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)		Transaction ID: 28777524
Ellsworth For Congress Committee		Date of Disbursement  10 16 2008
Mailing Address P.O. Box 62		10 16 2008
City Evansville	State Zip Code IN 47701	Amount of Each Disbursement this Period
Purpose of Disbursement	011	5000.00
Candidate Name Rep. Brad Ellsworth	011 Category/ Type	
Office Sought: X House Disburs Senate President	ement For: 2008 Primary General Other (specify)	
State: IN District: 08 2008 Full Name (Last, First, Middle Initial)	Congressional G	T 11 ID 00777500
Boyd For Congress		Transaction ID: 28777528  Date of Disbursement
Mailing Address P.O. Box 15703		10 M / D 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tallahassee	State Zip Code FL 32317	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	2000.00
Candidate Name Rep. Allen Boyd	Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify) ▼ Congressional G	
Full Name (Last, First, Middle Initial) Frelinghuysen For Congress		Transaction ID: 28777530 Date of Disbursement
Mailing Address 19 Cattano Ave		10 16 / 2008
City Morristown	State Zip Code NJ 07960	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	3000.00
Candidate Name Rodney P. Frelinghuysen	Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)	
State: NJ District: 11 2008	Congressional G	
		10000.00

CHEDOLE B (FEC FOIII 3X)		rate schedule(s)		heck on	E NUMBER lv one)	•		AGE 0	5 / 122
TEMIZED DISBURSEMENTS	Detailed S	ategory of the summary Page		21b 27	22 28a	X 23 28b	24 28c		9
ny Information copied from such Reports and Strong for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address	s of any political	commi	ttee to s	olicit contrib				
Political Action Committee of the Ame	erican Associatio	оп от Оппорав	eaic S	urgeon	S				
Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.						ction ID: Disburse	ment		Y Y
Mailing Address P.O. Box 714					1 0	1	<sup>D</sup> /	20	8 0
City Hackensack	State NJ	Zip Code 07602			Amount	of Each	Disburs		
Purpose of Disbursement			01		L.		•	2500	0.00
Candidate Name Rep. Steven R. Rothman			Cate Ty						
Senate President	bursement For: Primary X Other (spec								
	08 Congression	al G							
Full Name (Last, First, Middle Initial) Pascrell For Congress Inc.						ction ID: Disburse	ment		V ° V
Mailing Address Pob 640					1 0	1	6 /	20	8 0
City Totowa	State NJ	Zip Code 07511			Amount	of Each	Disburs	ement th	nis Peri
Purpose of Disbursement			01	1				2500	0.00
Candidate Name Rep. William J. Pascrell, Jr.			Cate	gory/					
Senate President	bursement For: Primary X Other (spec								
State: NJ District: 08 20  Full Name (Last, First, Middle Initial)	08 Congression	al G			_				
Kuhl For Congress					Date of	ction ID: Disburse	ment		Ϋ́Υ
Mailing Address 10 Ganesvoort Stree Suite 101	et				1 0	1	<sup>D</sup> /	20	8 0
City Bath	State NY	Zip Code 14810			Amount	of Each	Disburs		-
Purpose of Disbursement			01	1				1000	0.00
Candidate Name Rep. John Randall Kuhl, Jr.			Cate	gory/					
Senate President	bursement For: Primary X Other (spec								
State: NY District: 29 20	08 Congression	al G							
									-

		Use separate s	cneaule(s)	FOR LINE (check only	
	DISBURSEMENTS	Detailed Summ	ary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
or for commercia		the name and address of a	ny political comn	nittee to sol	or the purpose of soliciting contributions icit contributions from such committee
Full Name (L Wolverine Mailing Addre		DA/			Transaction ID: 28777537  Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Suite 800		Code		Amount of Each Disbursement this Pe
Washingto		DC 200			
Purpose of D				)11 egory/	5000.00
Wolverine Office Sough	PAC	Disbursement For: Primary Other (specify)	General	уре	
Full Name (L Our Future	ast, First, Middle Initial) PAC				Transaction ID: 28777538 Date of Disbursement
Mailing Addre	ess 1155 21st Street, Suite 300	NW			10 M / D 1 6 / Y Y 2 0 0 8
City Washingto	n	State Zip 0 DC 200	Code 036		Amount of Each Disbursement this Pe
Purpose of D  Candidate Na  Our Future	ame		Cat	011 egory/ ype	5000.00
Office Sough	House Senate President District:	Disbursement For: Primary Other (specify)	General	71-5	
,	ast, First, Middle Initial) For Congress				Transaction ID: 28777539  Date of Disbursement
Mailing Addre	303 Peachtree Str Suite 5300	eet, Ne			10 M / D 1 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip 0 GA 303	Code 808		Amount of Each Disbursement this Pe
Atlanta	isbursement			)11	5000.00
Purpose of D					
				egory/ ype	
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Steve Austria								Date	of Dis	burse	2877 ement		0 0 8	Y
Mailing Address	2537 Obetz Driv	⁄e						1 0		1	ь		008	5
City Beavercreek			State OH	Zip Code 45434				Amou	unt of	Each	Disbur		-	
Purpose of Disbu					_	011 ateg		L.				50	00.00	)
Mr. Steve Aus						Type	•							
Office Sought:	X House Senate President		Primary Other (spe											
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City Columbus			State OH	Zip Code 43215				Amou	unt of	Each	Disbur			
Purpose of Disbu	ursement					011		L.				25	500.00	)
Candidate Name Mr. Steve Stiv					Ca	atego Type	ory/							
Office Sought:	X House Senate President District: 15		Primary Other (spe											
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Johanns For S	Senate Incorporated							Date M	of Dis	burse			0 ŏ 8	Y
Mailing Address	1201 O Street S	Suite 101						1 0		<u></u>	О		008	5
City Lincoln			State NE	Zip Code 68508				Amou	unt of	Each	Disbur		-	
Purpose of Disbu	ursement					011			-			20	00.00	,
Candidate Name Mr. Michael Jo					Ca	atego Type	ory/							
Office Sought:	House X Senate President	Disburser	nent For: Primary Other (spe	2008 X General ecify) ▼										
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TEMES DISCUSSION	Use separate schedule(s	(check or	E NUMBER: PAGE 88 / 122 nly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<b>—</b>	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen			Transaction ID: 28777545  Date of Disbursement  10  16  20 08
Mailing Address P.O. Box 44369 250 Prairie Center Dr			
City Eden Prairie	State Zip Code MN 55344		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Mr. Erik Paulsen		Category/ Type	
Senate President	ursement For: 2008 Primary General X Other (specify) ▼	•	
State: MN District: 03 200  Full Name (Last, First, Middle Initial)	3 Congressional G		
Schock For Congress			Transaction ID: 28777546  Date of Disbursement
Mailing Address PO Box 10555			10 M / D D / Y Y Y O O 8 Y
City Peoria	State Zip Code IL 61612		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Mr. Aaron Schock		Category/ Type	
Senate President	ursement For: 2008 Primary General X Other (specify) ▼ B Congressional G		
Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee	C		Transaction ID: 28777547 Date of Disbursement
Mailing Address 407 W Jefferson Stre	et		10 M / D 16 / Y Y Y O N 8 Y
City Boise	State Zip Code ID 83702		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Mr. James Risch		Category/ Type	
X Senate President	ursement For: 2008 Primary X General Other (specify) ▼		
State: ID District:			
	al)		7500.00

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<u></u>	Full Name (Last, First, Middle Initial) Simpson For Congress					Trans Date		sburs	eme	-			Y
	Mailing Address 1487 Parkway Drive					1 0		L	16	L	2	0 ŏ 8	
	City Blackfoot	State Zip Code ID 83221				Amou	int o	f Each	n Disl	burse	-	t this F	
	Purpose of Disbursement  Candidate Name		_	01	1 ory/			•			20	00.00	)
	Rep. Michael K. Simpson  Office Sought: X House Disbuster  Senate President	rsement For: 2008 Primary General X Other (specify)		Тур									
		Congressional G				<b>Trans</b> Date				_	'550		
	Mailing Address 2150 River Plaza Dr.	150				1 <sup>M</sup> 0	М	/ D	16	/ Y	ž	0 ŏ 8	Y
	City Sacramento	State Zip Code CA 95833				Amou	int o	f Each	n Disl	burse	-	t this F	-
	Purpose of Disbursement  Candidate Name Mr. Thomas McClintock		Ca	01 ateg Typ	ory/			•			20	.00.00	,
	Senate President	rsement For: 2008 Primary General X Other (specify)  Congressional G											
	Full Name (Last, First, Middle Initial) Gregg Harper For Congress	Congressional C				<b>Trans</b> Date	of Di	sburs	eme	•			
	Mailing Address Post Office Box 54344					1 0	М	/ D	16	/ L	ž	0 Ď 8	3 Y
	City Pearl	State Zip Code MS 39288				Amou	int o	f Each	n Disl	burse	men	t this F	Period
	Purpose of Disbursement			01 <sup>-</sup>	1	L.					25	00.00	)
	Candidate Name Mr. Gregg Harper			ateg Typ	ory/ e								
	Office Sought: X House Disbu	rsement For: 2008 Primary General											
	President State: MS District: 03 2008	X Other (specify) ▼ Congressional G											

TEMES DISCUSSION	Use separate schedule(s)	(check onl	NUMBER: PAGE 90 / 122   v one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopa	aedic Surgeons	s
Full Name (Last, First, Middle Initial) Sue Myrick For Congress			Transaction ID: 28782566 Date of Disbursement
Mailing Address P.O. Box 37091			10 17 / 2008
City Charlotte	State Zip Code NC 28237		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Sue Wilkins Myrick		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		
State: NC District: 09 2008 ( Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 28782879
Help Elect America's Team (HEAT PAC)			Date of Disbursement
Mailing Address 499 S. Capitol Street, S Suite 412	W		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	3500.00
Candidate Name Help Elect America's Team (HEAT PAC)		Category/ Type	
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller			Transaction ID: 28783178 Date of Disbursement
Mailing Address PO Box 1909			10 17 7 2008
City Charleston	State Zip Code WV 25327		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	3000.00
Candidate Name Sen. John D. Rockefeller, IV		Category/ Type	
Office Sought:    House   Disburs     X Senate   President     State: WV District:	ement For: 2008 Primary X General Other (specify)		
State. WW W DISTINCT.			0500.00
SUBTOTAL of Disbursements This Page (optional			8500.00

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<u>V_</u>	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn				Transaction ID: 28783749 Date of Disbursement
	Mailing Address PO Box 12567				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & T \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & S \end{bmatrix}^Y \end{bmatrix}$
	City Columbia	State Zip Code SC 29211			Amount of Each Disbursement this Period
	Purpose of Disbursement		Q-	11	5000.00
	Candidate Name Rep. James E. Clyburn			gory/ pe	
	Senate President	Disbursement For: 2008 Primary General X Other (specify)			
	Full Name (Last, First, Middle Initial)	2008 Congressional G			Transaction ID: 28784036
	Sanford D. Bishop, Jr. For Congres  Mailing Address P. O. Box 909	S			Date of Disbursement
		7'- 0-1-			
	City Columbus	State Zip Code GA 31902			Amount of Each Disbursement this Perio
	Purpose of Disbursement  Candidate Name Rep. Sanford D. Bishop, Jr.		O <sup>2</sup> Cate	gory/	2000.00
	Office Sought: X House Senate President	Disbursement For: 2008  Primary General  X Other (specify) ▼  2008 Congressional G	1 ,	P	
	Full Name (Last, First, Middle Initial) Friends Of Jack Kingston				Transaction ID: 28784166 Date of Disbursement
	Mailing Address PO Box 2133				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
	City Savannah	State Zip Code GA 31402			Amount of Each Disbursement this Perio
	Purpose of Disbursement		Q.	11	2000.00
	Candidate Name Rep. Jack Kingston		Cate Ty	gory/ pe	
			•		
	Senate President	Disbursement For: 2008  Primary General  X Other (specify) ▼  2008 Congressional G			

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 122 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	me and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee  Surgeons
Full Name (Last, First, Middle Initial)		Transaction ID: 28784353
Chambliss For Senate		Date of Disbursement
Mailing Address Post Office Box 12469		10 17 2008
City Atlanta	State Zip Code GA 30355	Amount of Each Disbursement this Perio
Purpose of Disbursement		3500.00
Candidate Name Sen. Saxby Chambliss		tegory/ Гуре
X Senate President	sement For: 2008 Primary X General Other (specify)	
State: GA District:  Full Name (Last, First, Middle Initial)		Transaction ID: 28784386
Friends Of Roy Blunt		Date of Disbursement
Mailing Address PO Box 50100		10 M / D 7 / Y Y Y O Y 8 Y
City Springfield	State Zip Code MO 65805	Amount of Each Disbursement this Period
Purpose of Disbursement		2500.00
Candidate Name Rep. Roy Blunt	Ca	tegory/ Гуре
Senate President	sement For: 2008 Primary General X Other (specify)	<u>, , , , , , , , , , , , , , , , , , , </u>
State: MO District: 07 2008  Full Name (Last, First, Middle Initial)	Congressional G	Transaction ID: 28784387
Hoyer For Congress		Date of Disbursement
Mailing Address 4201 Northview Dr, St	307	10 M / D 17 / Y Y Y O O 8
City Bowie	State Zip Code MD 20716	Amount of Each Disbursement this Perio
Purpose of Disbursement		5000.00
Candidate Name Rep. Steny H. Hoyer		tegory/ Type
Office Sought:  X House Senate President Disbu	sement For: 2008 Primary General X Other (specify)	
State: MD District: 05 2008	Congressional G	
		11000.00

	CHEDULE B (FEC FOIII 3)	' Use separate sche	auie(s)	FOR LINE (check only	
	EMIZED DISBURSEMENT	Detailed Summary	Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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	NAME OF COMMITTEE (In Full)	, ,			
$ \rangle$	Political Action Committee of the A	merican Association of Or	thopaedic	Surgeons	
	Full Name (Last, First, Middle Initial)				Transaction ID: 28784389
	Friends Of John Boehner				Date of Disbursement
	Mailing Address 7908 Cincinnati E Suite I2	Dayton Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
	City West Chester	State Zip Cod OH 45069	е		Amount of Each Disbursement this Period
	Purpose of Disbursement				5000.00
	Candidate Name			011 tegory/	
	Rep. John A. Boehner			ype	
	Office Sought: X House Senate	Disbursement For: 200 Primary Ge	18 eneral		
	President	X Other (specify)	niorai		
	State: OH District: 08 Full Name (Last, First, Middle Initial)	2008 Congressional G			
	The Freedom Project				Transaction ID: 28784393 Date of Disbursement
	Mailing Address 424 C Street, NE Basement Unit				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&7\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}^{\prime}$
	City	State Zip Cod DC 20002	e		Amount of Each Disbursement this Period
	Washington Purpose of Disbursement	DC 20002			2500.00
	Candidate Name			)11	
	The Freedom Project			tegory/ ype	
	Office Sought: House Senate	Disbursement For:  Primary Ge	eneral		
	President	Other (specify)	erierai		
	State: District:				
	Full Name (Last, First, Middle Initial) Schmidt For Congress Committee				Transaction ID: 28784829 Date of Disbursement
	Mailing Address 771 Wards Corne	er Rd			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & N \\ 2 & Q & Q & N \end{bmatrix} $
	City Loveland	State Zip Cod OH 45140	е		Amount of Each Disbursement this Perio
	Purpose of Disbursement				5000.00
	Candidate Name Rep. Jean Schmidt		Cat	011 tegory/ type	
	Office Sought: X House Senate	Disbursement For: 200 Primary Ge		71	
	President	X Other (specify) ▼ 2008 Congressional G			
	State: OH District: 02	ZUUX Congressionai (-			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 94 / 122
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		
Political Action Committee of the Americ	an Association of Orthopa	edic Surgeons	3
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee			Transaction ID: 28823959 Date of Disbursement
Mailing Address P.O. Box 8331			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&M\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}2&D\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0&0&8\end{smallmatrix} \ Y$
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Period
Purpose of Disbursement		044	2500.00
Candidate Name Rep. Fortney Peter Stark		011 Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
	Congressional G		
Full Name (Last, First, Middle Initial) Solis For Congress			Transaction ID: 28823960 Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1	612		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City Los Angeles	State Zip Code CA 90048		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Hilda L. Solis		Category/ Type	
Senate President	rsement For: 2008 Primary General  X Other (specify)		
State: CA District: 32 2008  Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 28823961
Lewis For Congress Committee			Date of Disbursement
Mailing Address P.O. Box 247			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & N \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Redlands	State Zip Code CA 92373		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1500.00
Candidate Name Rep. Jerry Lewis		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)	21	
State: CA District: 41 2008	Congressional G		
			6000.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	)   FOR LINE	E NUMBER: PAGE 95 / 122
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
Full Name (Last, First, Middle Initial) Mike Honda For Congress			Transaction ID: 28823971 Date of Disbursement
Mailing Address P.O. Box 8180			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City San Jose	State Zip Code CA 95155		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		011	1500.00
Rep. Michael M. Honda	0000	Category/ Type	-
Senate President	resement For: 2008 Primary General X Other (specify)		
State: CA District: 15 2008  Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 28823972
Anna Eshoo For Congress	1.105		Date of Disbursement
Mailing Address 555 Capitol Mall, Suite			10 22 2000
City Sacramento	State Zip Code CA 95814		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Anna G. Eshoo		Category/ Type	
Office Sought:  X House Disbut Senate President	sement For: 2008 Primary General X Other (specify)	•	
	Congressional G		
Full Name (Last, First, Middle Initial) Friends Of Lois Capps			Transaction ID: 28823973 Date of Disbursement
Mailing Address PO Box 23940			M M M D 2 2 Y Y Y O O 8 Y
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Lois Capps		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify) ▼		
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Association of Orthopaedic S	urgeons
Full Name (Last, First, Middle Initial) Becerra For Congress		Transaction ID: 28823974 Date of Disbursement
Mailing Address P.O. Box 261060		10  22  20 8
City Los Angeles	State Zip Code CA 90026	Amount of Each Disbursement this Period
Purpose of Disbursement	01	1 2000.00
Candidate Name Rep. Xavier Becerra	Cate Typ	
Senate President	sement For: 2008 Primary General  X Other (specify)	
State: CA District: 31 2008  Full Name (Last, First, Middle Initial)	Congressional G	
Mark Pryor For Us Senate		Transaction ID: 28823975  Date of Disbursement
Mailing Address PO Box 2720		10 1 2 2 7 7 2 0 0 8
City Little Rock	State Zip Code AR 72203	Amount of Each Disbursement this Perio
Purpose of Disbursement	Ů1	1 2000.00
Candidate Name Sen. Mark L. Pryor	Cate Typ	
χ Senate President	sement For: 2008 Primary X General Other (specify)	
State: AR District:  Full Name (Last, First, Middle Initial)  Mike Ross For Congress Committee		Transaction ID: 28823976 Date of Disbursement
Mailing Address PO Box 360		10
City Prescott	State Zip Code AR 71857	Amount of Each Disbursement this Perio
Purpose of Disbursement	01	4000.00
Candidate Name Rep. Michael A. Ross	Cate( Typ	gory/
Office Sought: X House Disbur Senate	sement For: 2008 Primary General X Other (specify)	
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City Jone	esboro			State AR	Zip Code 72403				Amou	unt of	Each	Disbur			
	ose of Disburs	sement				_	011		L.			•	10	00.00	)
Rep	. Marion Ber	ry					ateg Typ	-							
	e Sought:	X House Senate President	X	ment For: Primary Other (spe											
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Mailir	ng Address	8665 Wilshire E #220	Blvd						1 0		2	2 /	2	o ŏ e	;
City Beve	erly Hills			State CA	Zip Code 90211				Amou	ınt of	Each	Disbur	semen	t this F	erio
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City Glas	stonbury			State CT	Zip Code 06033				Amou	unt of	Each	Disbur	semen	t this F	erio
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	didate Name . John B. La	rson				Ca	ateg	ory/							
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Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel			Transaction ID: 28823981 Date of Disbursement  10  2  2  2  2  2  0  0  8
Mailing Address P.O. Box 101124			10 22 2008
City Chicago	State Zip Code IL 60610		Amount of Each Disbursement this Perio
Purpose of Disbursement  Candidate Name		011 Category/	2000.00
Rep. Rahm Emanuel		Type	
Senate President	rsement For: 2008 Primary General X Other (specify)	ı	
	3 Congressional G		
Full Name (Last, First, Middle Initial) Citizens For Rush			Transaction ID: 28823982  Date of Disbursement
Mailing Address P. O. Box 7292			10
City Chicago	State Zip Code IL 60680		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Bobby L. Rush		Category/ Type	
Senate President	rsement For: 2008 Primary Genera X Other (specify) ▼	1	
	3 Congressional G		
Full Name (Last, First, Middle Initial) Volunteers For Shimkus			Transaction ID: 28823983  Date of Disbursement
Mailing Address PO Box 5458			10
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
Purpose of Disbursement		044	2000.00
Candidate Name Rep. John M. Shimkus		O11 Category/ Type	
Office Sought:  X House Disbut Senate President	rsement For: 2008 Primary Genera X Other (specify)	1	
	B Congressional G		
<u>'</u>			6000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		DR LINE NUMBER: PAGE 99 / 122 neck only one)								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b							
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)	and dadress of any pointed		Solicit Contributions in	on sacr commuce							
Political Action Committee of the American	Association of Orthopa	edic Surgeo	ns								
Full Name (Last, First, Middle Initial) Visclosky For Congress			Transaction ID: Date of Disburse								
Mailing Address P.O. Box 10003			10 2	2 2 7 2 0 0 8							
,	State Zip Code IN 46411		Amount of Each	Disbursement this Period							
Purpose of Disbursement		011		2500.00							
Candidate Name Rep. Peter J. Visclosky		Category/ Type									
Senate	ment For: 2008 Primary General Other (specify)										
	ongressional G										
Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress	Name (Last, First, Middle Initial) osiers Supporting Buyer For Congress										
Mailing Address 200 North Main St. P.O.	Box 712		10 2	2008							
•	State Zip Code IN 47960		Amount of Each	Disbursement this Period							
Purpose of Disbursement		011		1000.00							
Candidate Name Rep. Steve Buyer		Category/ Type									
Senate	ment For: 2008 Primary General Other (specify)										
State: IN District: 04 2008 Co	ongressional G										
Kansans For Tiahrt			Transaction ID:  Date of Disburse	ement							
Mailing Address 2250 N Rock Road Suite 118a			10 2								
	State Zip Code KS 67226		Amount of Each	Disbursement this Period							
Purpose of Disbursement		011		2000.00							
Candidate Name Rep. Todd Tiahrt		Category/ Type									
Senate  X	ment For: 2008 Primary General Other (specify)										
State: KS District: 04 2008 Co	ongressional G										
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>		5500.00							
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TEMIZED DISBURS	Detaile	ch category of the ed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last First Middle	- I:4:-I\			
Full Name (Last, First, Middle Friends Of Joe Pitts	e initial)			Transaction ID: 28824026 Date of Disbursement
Mailing Address PO Bo	x 775			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City Unionville	State PA	Zip Code 19375		Amount of Each Disbursement this Peri
Purpose of Disbursement  Candidate Name			011 Category/	1000.00
Rep. Joseph R. Pitts			Type	
Office Sought: X Hous Senat	te Primary dent X Other (s	General  Specify) ▼		
State: PA District: Full Name (Last, First, Middle		ional G		
Fleming For Congress	e muai)			Transaction ID: 28824027 Date of Disbursement
Box 28	ox 1236 1			10 M / 22 / Y 2008 Y
City Minden	State LA	Zip Code 71058		Amount of Each Disbursement this Peri
Purpose of Disbursement			011	2000.00
Candidate Name Mr. John Fleming			Category/ Type	
Office Sought: X Hous Senat President	te Primary dent X Other (s	General <b>▼</b>		
State: LA District: (	1 =000 00.19.000	ional G		Transaction ID: 28824030
Doyle For Congress Cor	,			Date of Disbursement
Mailing Address 205 Ha	awthorne Court			10 22 2008
City Pittsburgh	State PA	Zip Code 15221		Amount of Each Disbursement this Peri
Purpose of Disbursement			011	1000.00
Candidate Name Rep. Michael F. Doyle			Category/ Type	
Office Sought: X Hous Senat	e Primary	General		
State: PA District:				

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	EMIZED DISBURSEMENTS	for ea	ach category of the led Summary Page		21 27	b Ľ	22 28a		23 28b	_	24 28c	В	25 29	2 3
	y Information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	he name and ad	dress of any political	comm	ittee t	o soli								
<u> </u>	Full Name (Last, First, Middle Initial) Friends Of Gordon Smith  Mailing Address 228 S Washington	n Ste 115					Trans Date of			emen	-		0 ŏ 8	Y
	City Alexandria Purpose of Disbursement	State VA	Zip Code 22314			_	Amou	nt of	Each	Disb	ourse	-	this F	-
	Candidate Name Sen. Gordon H. Smith			Cat	11 egory/ ype									
	Office Sought:    House   X   Senate   President     State: OR   District:	Disbursement Fo Primar Other												
	Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc  Mailing Address Post Office Box 47	70840					Trans Date of		burse	_	-	V	0 0 8	Y
	City	State	Zip Code				A	nt of		D: 1	N IFO O	ment	this F	eriod
	Tulsa Purpose of Disbursement	OK	74147		11	7	Amou	TIL OI	Each	Disb	Jurse	-	00.00	
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	Tulsa Purpose of Disbursement  Candidate Name Rep. John Sullivan  Office Sought: X House Senate President  State: OK District: 01 2  Full Name (Last, First, Middle Initial) Kaptur For Congress  Mailing Address P.O. Box 899  City Toledo	OK  Disbursement For Primar X Other (	74147  or: 2008  y General (specify)	Cat	egory/		Trans Date o	actio	on ID: burse	28 emen 2		15 034 <sup>°</sup> 2	0 0 8	Y eriod
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	Tulsa Purpose of Disbursement  Candidate Name Rep. John Sullivan  Office Sought: X House Senate President  State: OK District: 01 2  Full Name (Last, First, Middle Initial) Kaptur For Congress  Mailing Address P.O. Box 899  City Toledo Purpose of Disbursement  Candidate Name Rep. Marcy Kaptur  Office Sought: X House Senate President	OK  Disbursement For Primar X Other (2008 Congres)  State OH  Disbursement For Primar	74147  or: 2008 y General (specify) ▼ sional G  Zip Code 43697  or: 2008 y General (specify) ▼	Cate	egory/ ype		Trans Date of	actio	on ID: burse	28 emen 2		15 034 <sup>°</sup> 2	0 0 8	Y eriod

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			led Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29
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NAME OF COMM Political Action	` ,	American Assoc	ciation of Orthopa	edic Surgeon	s	
Full Name (Last, F Engel For Cong					Transaction ID: Date of Disbursem	
Mailing Address	462 California	Road			10 22	2008
City Bronxville		State NY	Zip Code 10708		Amount of Each D	isbursement this Perio
Purpose of Disburs	sement			011		1500.00
Candidate Name Rep. Eliot L. En	gel			Category/ Type		
Office Sought:	X House Senate President		y General (specify) ▼			
State: NY Full Name (Last, F	District: 17	2008 Congres	sional G			
,	e-Elect Ed Towns	3			Transaction ID: Date of Disbursem	
Mailing Address	438 Lewis Ave	nue			10 22	2008
City Brooklyn		State NY	Zip Code 11233		Amount of Each D	isbursement this Perio
Purpose of Disburs	sement			011		5000.00
Candidate Name Rep. Edolphus	Towns			011 Category/ Type		
Office Sought:	X House Senate President		y General (specify) ▼			
State: NY Full Name (Last, F Porter For Cong		2008 Congres	sional G		Transaction ID: Date of Disbursem	
Mailing Address	7840 Red Leaf	Drive			10 22	2008
City Las Vegas		State NV	Zip Code 89131		Amount of Each D	isbursement this Perio
Purpose of Disburs	sement			011		3000.00
Candidate Name Rep. Jon C. Por	ter			Category/ Type		
Office Sought:	X House Senate President	Disbursement Fo	y General			
			(specify) ▼			
State: NV	District: 03	2008 Congres	sional G			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	) (check onl	NUMBER: PAGE 103 / 122
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	·		
Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin  Mailing Address 10 G Street Ne. Suite	470		Transaction ID: 28824040 Date of Disbursement  10 22 2 2 2 2 0 8
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Sen. Carl Levin		Category/ Type	
X Senate President	rsement For: 2008 Primary X General Other (specify) ▼		
State: MI District:			
Full Name (Last, First, Middle Initial) Rogers For Congress			Transaction ID: 28824041  Date of Disbursement
Mailing Address PO Box 581 Post Office Box 581			10
City Brighton	State Zip Code MI 48116		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Michael J. Rogers		Category/ Type	
Office Sought:  X House Senate President	rsement For: 2008 Primary General X Other (specify)	•	
	Congressional G		
Full Name (Last, First, Middle Initial) Stupak For Congress			Transaction ID: 28824043  Date of Disbursement
Mailing Address 817 Ninth Avenue P.C PO Box 143	). Box 156		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Menominee	State Zip Code MI 49858		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Bart Stupak		Category/ Type	
Office Sought:  X House  Senate  President	rrsement For: 2008 Primary General X Other (specify)	1 21	
State: MI District: 01 2008	Congressional G		
			3000.00

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ITEMIZED DISBURSEMENT	Detailed Summary Page	e 21b 22 X 23 24 25 27 28a 28b 28c 29	$\Box$
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Political Action Committee of the	American Association of Orthop	paedic Surgeons	
Full Name (Last, First, Middle Initial) Continuing a Majority Party Politic	al Action Comm	Transaction ID: 28824045 Date of Disbursement	Y
Mailing Address 5915 Eastman A Suite 100	Avenue	10 22 2008	
City Midland	State Zip Code MI 48640	Amount of Each Disbursement this P	erio
Purpose of Disbursement		1500.00	)
Candidate Name Continuing a Majority Party Politic	al Action Comm	O11 Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For:  Primary Genera  Other (specify) ▼	al	
Full Name (Last, First, Middle Initial)		Transaction ID: 28824046	
Dave Camp For Congress 2008		Date of Disbursement	
Mailing Address 5915 Eastman A	Ave. Suite 100	10 M / 22 / Y 2008	Y
City Midland	State Zip Code MI 48640	Amount of Each Disbursement this P	erio
Purpose of Disbursement		5000.00	)
Candidate Name Rep. David Lee Camp		Category/ Type	
Office Sought:  X House Senate President State: MI District: 04	Disbursement For: 2008 Primary Genera X Other (specify) ▼ 2008 Congressional G	al	
Full Name (Last, First, Middle Initial) Citizens For Cochran	2000 Congressional G	Transaction ID: 28824048 Date of Disbursement	
Mailing Address PO Box 7183		10 M / D 2 D / Y 2 0 0 8	Y
City Tupelo	State Zip Code MS 38802	Amount of Each Disbursement this P	erio
Purpose of Disbursement		5000.00	)
Candidate Name Sen. Thad Cochran		Category/ Type	
Office Sought:  House  X Senate  President	Disbursement For: 2008 Primary X Genera Other (specify)		
State: MS District:			

		Use separate schedule(s	<i>i)</i>	(cl	neck onl	v one)							
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b		24 28c	В	25 29	
	r Information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ame and address of any politic	al con	nmit	tee to so	licit cont							
$\mathbb{L}$		can Association of Orthop	aeuic	<i>-</i> 30	urgeon:								
	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc  Mailing Address 607 14th Street Nw S	uite 800				Trans Date	of D	isburs	_	8824 nt		0 ŏ 8	Y
	Suite 1434					A		(	D:-			u	N
	City Washington	State Zip Code DC 20005				Amou	int o	r Eaci	n Dis	bursei	ment	this F	eriod
	Purpose of Disbursement		Г	01	1						50	00.00	)
	Candidate Name Sen. Mary L. Landrieu			atec Typ	jory/ e								
	Office Sought:    House   Disk     X   Senate     President     State: LA   District:	ursement For: 2008 Primary X General Other (specify) ▼											
	Full Name (Last, First, Middle Initial)					Trans	a o o t	on ID	. 2	0004	050		
	Pat Roberts For U S Senate Inc					Date		isburs	seme			Y	Y
	Mailing Address PO Box 433					1 0			2 2	L	2	0 Ŏ 8	
	City Great Bend	State Zip Code KS 67530				Amou	ınt o	f Eacl	h Dis	burse	-	this F	-
	Purpose of Disbursement			01	1						20	00.00	)
	Candidate Name Sen. Pat Roberts			ateg Typ	jory/ e								
	Office Sought:    House   Disk    X Senate   President    State: KS District:	ursement For: 2008 Primary X General Other (specify) ▼	1										
	Full Name (Last, First, Middle Initial) Friends Of John Tanner					<b>Trans</b> Date		-	_		063		
	Mailing Address Post Office Box 1994					1 <sup>M</sup> 0	М	/ D	23	/ Y	ž	0 ŏ 8	Y
	City Union City	State Zip Code TN 38281				Amou	ınt o	f Eacl	h Dis	burse	ment	this F	Perio
	Purpose of Disbursement		Г	01	1	L.					25	00.00	)
	Candidate Name Rep. John S. Tanner				jory/								
	Senate President	ursement For: 2008 Primary General X Other (specify) ▼	-										
	State: TN District: 08 200	3 Congressional G											
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	) FOR LINE (check onl	E NUMBER: PAGE 106 / 122
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
Full Name (Last, First, Middle Initial) Alexander For Senate 2008 Inc			Transaction ID: 28829064 Date of Disbursement
Mailing Address 228 S Washington Str	eet Suite 115		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Sen. Lamar Alexander		Category/ Type	
X Senate President	resement For: 2008 Primary X General Other (specify) ▼		
State: TN District: Full Name (Last, First, Middle Initial)			T ID 0000005
Doggett For Us Congress			Transaction ID: 28829065  Date of Disbursement
Mailing Address 1157 San Bernard			1 0 M / D 2 3 / Y 2 0 0 8 Y
City Austin	State Zip Code TX 78702		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Lloyd Doggett		Category/ Type	
Office Sought: X House Disbu Senate President	sement For: 2008 Primary General X Other (specify)		
State: TX District: 25 2008  Full Name (Last, First, Middle Initial)	Congressional G		
Ciro Rodriguez For Congress			Transaction ID: 28829067 Date of Disbursement
Mailing Address PO Box 14528			10  23  2008
City San Antonio	State Zip Code TX 78214		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Ciro Rodriguez		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify)	1	
State: TX District: 23 2008	Congressional G		
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund			Transaction ID: 28829068 Date of Disbursement
Mailing Address 715 Jones Street, Suite	101		$\begin{bmatrix}\begin{smallmatrix}M&O&M\\1&0&M\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}D&2&0\\2&3\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}^Y$
City Fort Worth	State Zip Code TX 76102		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Kay Granger		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify)		
State: TX District: 12 2008  Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 28829069
Congressman Joe Barton Committee, T	e		Date of Disbursement
Mailing Address P.O. Box 1444			10
City Ennis	State Zip Code TX 75120		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Joe L. Barton		Category/ Type	
Office Sought:  X House Senate President Disbu	sement For: 2008 Primary General X Other (specify)		
	Congressional G		
Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Ha	ll - Rockwall		Transaction ID: 28829071 Date of Disbursement
Mailing Address Post Office Box 711			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{smallmatrix} 8 \end{smallmatrix} $
City Rockwall	State Zip Code TX 75087		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Ralph M. Hall		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify)		
State: TX District: 04 2008	Congressional G		
			7000.00

TEMPER DISCUSSION	Use separate schedule(s)	(check onl	NUMBER: PAGE 108 / 122   PAGE 108 / 122
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	an Association of Orthopa	edic Surgeon	S
Full Name (Last, First, Middle Initial) Cantor For Congress			Transaction ID: 28829072 Date of Disbursement
Mailing Address P. O. Box 17813			10
City Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Eric I. Cantor		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify)		
State: VA District: 07 2008  Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 28829073
Every Republican Is Crucial (ERIC) PAC			Date of Disbursement
Mailing Address 25 East Main Street Suite 200			10
City Richmond	State Zip Code VA 23219		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Every Republican Is Crucial (ERIC) PAC		Category/ Type	
Office Sought: House Disbu Senate President State: District:	sement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  Moran For Congress			Transaction ID: 28829075 Date of Disbursement
Mailing Address 311 North Washington Suite 200l	Street		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Rep. James P. Moran		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify)		
State: VA District: 08 2008	Congressional G		
SUBTOTAL of Disbursements This Page (optional	l)		7500.00

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				d by any person	of or the purpose of soliciting contributions solicit contributions from such committee
·	MMITTEE (In Full)	ing the name and addi-	cos or any politica	. Committee to 3	onet contributions from such committee
\	on Committee of the	e American Associa	ation of Orthopa	edic Surgeor	ns
,	st, First, Middle Initial) For Congress				Transaction ID: 28829079 Date of Disbursement
Mailing Addres	s PO Box 1663				$\begin{bmatrix} 1 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
City Tacoma		State WA	Zip Code 98401		Amount of Each Disbursement this Perio
Purpose of Dis	bursement			011	5000.00
Candidate Nam Rep. Normar				Category/ Type	
Office Sought:	X House Senate	Disbursement For: Primary	General		-
State: WA	President District: 06	X Other (sp 2008 Congression			
Full Name (Las Ryan For Co	st, First, Middle Initial) Ingress	, ,			Transaction ID: 28829080 Date of Disbursement
Mailing Addres	s P. O. Box 1919	9			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Janesville		State WI	Zip Code 53547		Amount of Each Disbursement this Perio
Purpose of Dis	bursement			011	1000.00
Candidate Nam Rep. Paul Ry				Category/ Type	
Office Sought:	X House Senate President	Disbursement For: Primary X Other (sp	2008 General		
State: WI	District: 01	2008 Congression			
`	st, First, Middle Initial) win For Congress	•			Transaction ID: 28829081 Date of Disbursement
Mailing Addres	s P.O. Box 696				
City Madison		State WI	Zip Code 53701		Amount of Each Disbursement this Perio
	bursement			011	2500.00
Purpose of Dis				Category/	
Purpose of Dis  Candidate Nam  Rep. Tammy				Type	
Candidate Nam		Disbursement For: Primary X Other (sp	General		
Candidate Nam Rep. Tammy	X House Senate	Primary	General pecify) ▼		

	HEDULE B (FEC Form 3X)		•	Use separate schedule(s)		FOR LIN (check or			E NUMBER: PAGE 110 / 12					122	
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		/ITTEE (In Full)	ang the nam	e and addre	ss or any political	COII	iiiiiile	e to sc	onen com	ributi	OHS III	om suci	COIII	millee	
		Committee of the	e America	n Associat	tion of Orthopa	.edia	c Sur	geons	6						
Full Nan	no (Last	First, Middle Initial)													
		ress Committee							Date	of Di	sburs	: 2882 ement			
Mailing /	Address	205 South 5th Suite 428	Ave						1 <sup>M</sup> 0	M	_ 2	23 /	, 2	2 0 ŏ 8	Y
City La Cro	sse			State WI	Zip Code 54601				Amou	unt of	Each	Disburs	semer	nt this P	erio
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Office S	ought:	χ House	Disburs	ement For:	2008										
		Senate President	x	Primary Other (spe	General										
State: V	۷I	District: 03		Congressio											
		First, Middle Initial)										2882	9083	3	
Enzi Fo	or Us Se	enate							Date	of Di		ement	V .	/ · · ·	V
Mailing /	Address	PO Box 2775							1 0		_ 2	23 /	2	6 0 0 8	
City Cody				State WY	Zip Code 82414				Amou	unt of	Each	Disburs	semer	nt this P	Perio
	of Disbu	rsement		VV 1	02414	_				•			50	00.00	)
						Ļ	011								
	te Name lichael B	s. Enzi					atego Type	•							
Office S	ought:	House X Senate President	Disburs	ement For:	2008 X General		- 7								
State: V	۷Y	District:		Other (spe	50ny) <b>▼</b>										
		First, Middle Initial) mmittee										: 2882 ement	9529	9	
Mailing /	Address	P. O. Box 408							1 <sup>M</sup> 0	М	D 2	23 /	Y	2 0 ŏ 8	Y
City Anders	on			State IN	Zip Code 46015				Amo	unt of	Each	Disburs	semer	nt this P	Perio
	of Disbu	rsement											2	500.00	)
	te Name	R. Pence					011 atego	-							
Office S		X House	Disburs	ement For:	2008		Туре								
		Senate President	Y	Primary Other (spe	General										
State: II	N	District: 06		Congressio											
			•							_					_

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 111 / 122
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopae	edic Surgeons	S
Full Name (Last, First, Middle Initial) Baker For Congress			Transaction ID: 28829530 Date of Disbursement
Mailing Address PO Box 312			10
City Columbia	State Zip Code MO 65295		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Judith Baker		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		
State: MO District: 09 2008  Full Name (Last, First, Middle Initial)	Congressional G		Turneration ID: 00000501
Leading Us In Success (LUIS) PAC			Transaction ID: 28829531  Date of Disbursement
Mailing Address 7315 Wisconsin Avenu Suite 310 East	,		10
City Bethesda	State Zip Code MD 20814		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Leading Us In Success (LUIS) PAC		Category/ Type	
Office Sought:  House Senate President State:  Disbur	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Tim Walz For Us Congress			Transaction ID: 28842368 Date of Disbursement
Mailing Address PO Box 938			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City Mankato	State Zip Code MN 56002		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name Rep. Timothy Walz		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		
State: MN District: 01 2008	Congressional G		
SUBTOTAL of Disbursements This Page (optional			800.00

# SCHEDULE B (FEC Form 3X)

		Use separate schedule(s) (check	LINE NUMBER: PAGE 112 / 122 (conly one)
	EMIZED DISBURSEMENTS	Detailed Summary Page 21	b 22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any political committee t	to solicit contributions from such committee
V	Political Action Committee of the America	In Association of Orthopaedic Surge	eons
	Full Name (Last, First, Middle Initial) Leadership for America's Future (LEAD F Mailing Address 228 S. Washington Stre	<u> </u>	Transaction ID: 28860363  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	#115		
	City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	011	5000.00
	Candidate Name Leadership for America's Future (LEAD F	Category/	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	
	Full Name (Last, First, Middle Initial)		Transaction ID: 20060265
	Guthrie For Congress		Transaction ID: 28860365  Date of Disbursement
	Mailing Address PO Box 9639		10 30 2008
	City Bowling Green	State Zip Code KY 42102	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement  Candidate Name	011 Category/	
	Senate President	ement For: 2008 Primary General Other (specify)  Congressional G	
	Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz		Transaction ID: 28860366 Date of Disbursement
	Mailing Address 315 Westfield Circle		10 M / 30 / Y 2008
	City Alpine	State Zip Code UT 84004	Amount of Each Disbursement this Period
	Purpose of Disbursement	011	2500.00
	Candidate Name Mr. Jason Chaffetz	Category/ Type	
	Senate President	ement For: 2008 Primary General Other (specify)	
	State: UT District: 03   2008 (	Congressional G	
	State. 01 District. 03 2000	20.1.g. 656.61.41. 6.	

# SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check o	: NUMBER: PAGE 113 / 122 y one)			
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n  NAME OF COMMITTEE (In Full)  Political Action Committee of the Ameri	ame and address of any politica	al committee to	solicit contributions from such committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 28860367			
Lummis For Congress			Date of Disbursement  10 30 7 2008			
Mailing Address 2015 Central Ave. Sui						
City Cheyenne	State Zip Code WY 82001		Amount of Each Disbursement this Perio			
Purpose of Disbursement		011	5000.00			
Candidate Name Cynthia Lummis		Category/ Type				
Senate President	rsement For: 2008 Primary General X Other (specify)					
State: WY District: 01 2008  Full Name (Last, First, Middle Initial)	Congressional G		Transaction ID: 28865619			
Rangel For Congress			Date of Disbursement			
Mailing Address PO Box 5577 Manhattanville Sta			111 03 7 2008			
City New York	State Zip Code NY 10027		Amount of Each Disbursement this Perio			
Purpose of Disbursement  Candidate Name		011 Category/	4000.00			
Rep. Charles B. Rangel	_	Type				
Office Sought: X House Disbu	rsement For: 2008 Primary General X Other (specify)					
	Congressional G					
Full Name (Last, First, Middle Initial) Tiberi For Congress			Transaction ID: 28865621 Date of Disbursement			
Mailing Address 2021 E Dublin Granvil	le Road		111 D D D / Y Y Y O O S			
Suite 2000	State Zip Code		Amount of Each Disbursement this Period			
Suite 2000 City Columbus	OH 43229					
City		011	1000.00			
City Columbus		011 Category/ Type	1000.00			
City Columbus Purpose of Disbursement  Candidate Name Rep. Patrick J. Tiberi  Office Sought: X House Disbursemate Senate President	OH 43229  Trsement For: 2008 Primary General X Other (specify)	Category/	1000.00			
City Columbus Purpose of Disbursement  Candidate Name Rep. Patrick J. Tiberi  Office Sought: X House Disbursemate Senate President	OH 43229  Irsement For: 2008 Primary General	Category/	1000.00			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	1 -	NUMBER: PAGE 114/122
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Political Action Committee of the America	·		
Full Name (Last, First, Middle Initial) Friends Of Roy Blunt			Transaction ID: 28869675 Date of Disbursement
Mailing Address PO Box 50100			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Springfield	State Zip Code MO 65805		Amount of Each Disbursement this Period
Purpose of Disbursement Void-exceed max contribution Candidate Name		011	-2500.00
Rep. Roy Blunt	ement For: 2008	Category/ Type	
Senate President X	Primary General Other (specify) ▼ Congressional G		Void-exceed max contribut- ion
Full Name (Last, First, Middle Initial) Minnick For Congress	ongressional G		Transaction ID: 28869700 Date of Disbursement
Mailing Address 8150 W Emerald Street	Suite 170		$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix},1\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0\end{smallmatrix},0\end{smallmatrix}\begin{bmatrix}0\\5\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix},0\end{smallmatrix}\begin{bmatrix}0\\0\end{smallmatrix}\begin{bmatrix}X\\3\end{smallmatrix}\begin{bmatrix}0\\0\end{smallmatrix}\end{bmatrix}$
City Boise	State Zip Code ID 83704		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Minnick For Congress		011	-2000.00
Candidate Name Mr. Walter Minnick		Category/ Type	
Senate President X	ement For: 2008 Primary General Other (specify)  Congressional G		Void - Minnick For Congress
Full Name (Last, First, Middle Initial) Chambliss For Senate	ongressional d		Transaction ID: 28871156 Date of Disbursement
Mailing Address Post Office Box 12469			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Atlanta	State Zip Code GA 30355		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Sen. Saxby Chambliss		Category/ Type	
X Senate	ement For: 2008 Primary General Other (specify)		
State: GA District: Runoff	2008		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	500.00
TOTAL This Period (last page this line number only	)		

	O (FEC FOIIII )	·		rate schedule(s)			eck onl	: NUMBE v one)	.n.		L	FAGL	115	/ 122
	SBURSEMEN		Detailed S	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28	Sc _	25 29	
or commercial pur NAME OF COMI	ed from such Reports roses, other than usin MITTEE (In Full) a Committee of the	ng the name a	and addres	ss of any political	com	mitte	e to so	licit cont						
Full Name (Last, Adler For Cong Mailing Address	First, Middle Initial) gress 14 Knightswood	d Drive						Date	sactio of Dis		D /		3	8 <sup>Y</sup>
City Marlton			tate IJ	Zip Code 08053				Amou	ınt of I	Each	Disbur		nt this	
Purpose of Disbu DEBT RETIREM Candidate Name Mr. John Adler	ENT				Ca	011 atego	ry/		•			3	0.00	0
Office Sought: State: NJ	X House Senate President District: 03		Primary Other (spe					DEBT	ret	TRE	MEN	Г		
Fleming For C	First, Middle Initial) ongress	•						Date	sactio of Dis	ourse	D /			Y
Mailing Address	P.O. Box 1236 Box 281							11		2	1	2	įοό	8
City Minden			tate A	Zip Code 71058				Amou	ınt of I	Each	Disbur	seme	nt this	Perio
Purpose of Disbu DEBT RETIREM Candidate Name Mr. John Flem	ENT				Ca	011 atego Type	ry/					2	0.000	0
Office Sought: State: LA	X House Senate President District: 04		Primary Other (spe					DEBT	「RE⊺	TRE	MENT	Γ		
, .	First, Middle Initial) eadership PAC	•						Date	sactio of Dis	ourse				V
Mailing Address	PO Box 5577							1 1		<sup>D</sup> 2	1	2	žοŏ	8
City New York			tate IY	Zip Code 10027				Amou	ınt of I	Each	Disbur		nt this	
Purpose of Disbu					Ca	011 atego	ry/		•	•		5	0.00.0	0
The National L Office Sought: State:	eadership PAC  House Senate President District:		nent For: Primary Other (spe	General cify) ▼		Туре	1							
Juio.	2.00.100.													

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check o	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Lance For Congress  Mailing Address PO Box 225		Transaction ID: 28912314 Date of Disbursement  M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Colonia Purpose of Disbursement DEBT RETIREMENT	State Zip Code NJ 07067	Amount of Each Disbursement this Period 2000.00
Candidate Name Mr. Leonard Lance	Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify) ▼ Congressional G	DEBT RETIREMENT

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	267000.00

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopaec	lic Surgeons	
Full Name (Last, First, Middle Initial) Andy Harris For Congress			Transaction ID: 28870290 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1527			11 06 2008
City Annapolis	State Zip Code MD 21404		Amount of Each Disbursement this Period
Purpose of Disbursement Recount2008			5000.00
Candidate Name Mr. Andrew Harris		Category/ Type	
Office Sought:    X   House   Disburs     Senate   President     State: MD   District: 01	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Coleman For Senate 08			Transaction ID: 28871158 Date of Disbursement
Mailing Address 680 Transfer Road Suite	e A		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City St Paul	State Zip Code MN 55114		Amount of Each Disbursement this Period
Purpose of Disbursement Recount2008		•	5000.00
Candidate Name Sen. Norm Coleman		Category/ Type	
Office Sought:    House   Disburs     X   Senate     President	ement For:  Primary General  Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	<b>•</b>	10000.00

State: MN

District:

В.

President

District:

.go// 2000 100 1000			
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one) 22 23 24 25 26
Annulations and Chatenan		27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Political Action Committee of the American	Association of Orthopaed	dic Surgeons	
Full Name (Last, First, Middle Initial)			Transaction ID: 28885670
Northern Trust Company			Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
	State Zip Code		Amount of Each Disbursement this Period
	IL 60675		1348.46
Purpose of Disbursement  Bank fees deducted from bank account		001	1346.46
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Bank fees deducted from bank account
Full Name (Last, First, Middle Initial)			Transaction ID: 28885671
Northern Trust Company			Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & B \end{smallmatrix} Y$
City Chicago	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account		001	672.73
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ment For: Primary General		Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)	•	2021.19
		0004.40
TOTAL This Period (last page this line number only)		2021.19

Other (specify)

State:

TEMIZED INDEPENDENT EX	PENDITUR	ES		PAGE 119 / 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Political Action Committee of the American Assition of Orthopaedic Surgeons	socia-			C C00343137
Check if 24-hour notice 48-l	nour notice			
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
The White House Writers Group			M M /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
P.O. Box 62289				190530.00
Attn: Clark S Judge			Transaction	n ID: 28787592
City	State	Zip Code		
Baltimore	MD	21264-2289	Office Sough	
Purpose of Expenditure Direct Mail & Radio Advertisements 10/22		Category/ Type 004		X Senate District: Presidential
Name of Federal Candidate supported or O	pposed by expend	Iture:	Check One:	X Support Oppose
Sen. Susan M. Collins				- 0- 0-
			Disbursemen	t For: Primary X General
Calendar Year-To-Date Per Election		100500.00		er (specify):
for Office Sought	L	190530.00	2008	
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
The White House Writers Group			1 0 /	22 / Y Y Y Y Y Y
Mailing Address			Amount	
P.O. Box 62289				9900.00
Attn: Clark S Judge			Transaction	n ID: 28787607
City	State	Zip Code		
Baltimore	MD	21264-2289	Office Sough	
Purpose of Expenditure		Category/ 004		X Senate District:
Radio Advertisements start 10/22/08		Type 004		
Name of Federal Candidate supported or O	pposed by expend	liture:	Check One:	X Support Oppose
Sen. John A. Barrasso, MD				
			Disbursemen	
Calendar Year-To-Date Per Election		0000 00	2008	er (specify) :
for Office Sought		9900.00	2006	
(a) SUBTOTAL of Itemized Independent Expe	enditures			200430.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independence or at the request or suggestion of, any candidate or committee) any political party committee or its age	r authorized commit			*
		M M	D D	Y " Y " Y " Y
William J. Robb, III, MD		Date 12		2008
Signature		_		

TEMIZED INDEPENDENT EXPENDITURES	PAGE 120 / 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Political Action Committee of the American Association of Orthopaedic Surgeons	C C00343137
Check if 24-hour notice 48-hour notice	•
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
P.O. Box 62289	50000.00
Attn: Clark S Judge	Transaction ID: 28787609
City State Zip Code	
Baltimore MD 21264-2289	Office Sought: X House State: GA
Purpose of Expenditure Radio Advertisements start 10/22/08  Category/ Type	Senate District: 06 Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Thomas E. Price, M.D.	
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	X Other (specify): 2008 Congressional G
50000.00	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
P.O. Box 62289	43675.00
Attn: Clark S Judge	
City State Zip Code	Transaction ID: 28808168
Baltimore MD 21264-2289	Office Sought: X House State: IL
Purpose of Expenditure	Senate District: 10
Direct Mail & Radio Advertisements 10/22	Presidential
	Check One: X Support Oppose
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Mark Steven Kirk	Disbursement For: Primary General
	X Other (specify) : 2008 Congressional G
Calendar Year-To-Date Per Election 43675.00	2008
for Office Sought	
(a) CURTOTAL of Itamized Independent Eveneditures	93675.00
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Milliam I Dobb III MD	D D Y Y Y Y
William J. Robb, III, MD  Date 12	03 2008
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 121 / 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Political Action Committee of the American Association of Orthopaedic Surgeons	C C00343137
Check if 24-hour notice 48-hour notice	G coco io io
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	$\begin{bmatrix} M & M & M \\ 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
Mailing Address	Amount
P.O. Box 62289 Attn: Clark S Judge	199400.00
City State Zip Code	Transaction ID: 28787601
Baltimore MD 21264-2289	Office Sought: House State: MN
Purpose of Expenditure	X Senate District:
Direct Mail & Radio Advertisements 10/23	
Name of Federal Candidate supported or Opposed by expenditure: Sen. Norm Coleman	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
Full Name (Last, First, Middle, Initial) of Payee	Date
The White House Writers Group	1 0 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
P.O. Box 62289 Attn: Clark S Judge	99300.00
	Transaction ID: 28787611
City State Zip Code Baltimore MD 21264-2289	Office Sought: X House State: MD
Purpose of Expenditure	Senate District: 01
Direct Mail & Radio Advertisements 10/23  Category/ Type  004	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Mr. Andrew Harris	Disbursement For: Primary General
	X Other (specify) : 2008 Congressional G
Calendar Year-To-Date Per Election 99300.00 for Office Sought	2008
(a) SUBTOTAL of Itemized Independent Expenditures	298700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OTHER INCEPTION LEXPERIMENTS	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the committee) any political party committee or its agent.	
William J. Robb, III, MD Date 12	03 2 2008
Signature	

TEMIZED INDEPENDENT EXPE	ENDITURES	PAGE 122 / 122 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Political Action Committee of the American Association of Orthopaedic Surgeons	a- 	<b>C</b> C00343137
Check if 24-hour notice 48-hour	notice	
Full Name (Last, First, Middle, Initial) of Payee		Date
The White House Writers Group		1 0 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
P.O. Box 62289		75000.00
Attn: Clark S Judge		Transaction ID: 28830093
City	State Zip Code	
Baltimore	MD 21264-2289	Office Sought: X House State: AZ
Purpose of Expenditure Radio Advertisements 10/24/08	Category/ Type 004	Senate District: 03 Presidential
Name of Federal Candidate supported or Oppor	sed by expenditure:	Check One: X Support Oppose
Rep. John B. Shadegg	564 5, 54po. a.ta. 5.	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	75000.00	Other (specify) : 2008 Congressional G 2008

(a) SUBTOTAL of Itemized Independent Expenditures			75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			667805.00
Under penalty of perjury I certify that the independent expenditures reported h or at the request or suggestion of, any candidate or authorized committee or a committee) any political party committee or its agent.		· · · · · · · · · · · · · · · · · · ·	
William J. Robb, III, MD Signature	Date 12 0	3 2008	